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Original Communications.

ARTICLE I.—*Colloid Tumor of the Broad Ligament; Two Uterine Tumors; Persistent Ascites; Gastrotomy, Recovery; Subsequent Pregnancy, and Parturition of Still-Born Child.*

(Under the care of JNO. E. OWENS, M. D., Surgeon to St. Luke's Hospital.)

Mrs. F., æt. 25, well-nourished, florid complexion, came under my care, August 26, 1867, eight months previous to which she was married. She had never been pregnant. Menstruation, which commenced when she was 17 or 18 years of age, continued normally for two years, since which time it has been irregular, very scanty, and, during the last year, very painful. Her last menstruation occurred about six weeks ago, there being but very little blood. Urination has not been normal since last December —sometimes passing only a half-teacupful, and at others nearly a quart. In the spring of 1866, she discovered a tumor in the left iliac region, the size of a small orange. When first seen, she presented the appearance of a woman advanced to the 8th or 9th month of pregnancy. It was on account of this tumor and of the distended abdomen, which interfered with respiration, digestion

and locomotion, that she sought advice. She was the more solicitous for advice, because a medical gentleman had diagnosed pregnancy, and the ordinary limit of a physiological tumor had passed. Suffice it to say, that upon tapping the abdomen, a rather heavy tumor principally to the left of the median line, and reaching as far as the umbilicus, was discovered. At a subsequent tapping, a small tumor was made out, growing, it was supposed, from the uterus. There was quite prominent a fluid umbilical hernia, whose walls, later in the history of the case, were not much thicker than parchment. Profs. Byford and Powell were good enough to see this case with me. In the first months of the tappings, an operation seemed to be contraindicated, because of the following reasons:—The mobility of the tumor was not then distinctly made out,—an operation was not urgent,—therapeutic means of disposing of the fluid had not been tried. The contraindications, however, by degrees, subsided, viz:—The tumor was found to be quite movable, operative interference became urgent,—therapeutic means failed. Diuretics effected no increase in the quantity of urine. Elaterium produced copious watery discharges, but the slight reduction in the size of the abdomen was far out of proportion to the distress and debility occasioned by the action of the medicine. The patient was reluctant to submit to its further use, but strenuously insisted upon an operation. That the case was an urgent one, may be gleaned, in part, from the following tappings:—

May 12th, 1867, 4 gals.; June 4th, 4 gals.; June 16th, 4 gals.; Aug. 4th, 4½ gals.; Aug. 25th, 4 to 5 gals.; Sept. 4th, about 4 gals.

The tumor pressed upon the iliac vessels, and hence this rapid ascetic effusion. Not only this, the effect of these frequent tappings and the great loss of serum were manifesting themselves upon the patient's general health. She was, however, in the best condition for an operation, the morning of which the patient was ordered to remain in bed. The bowels and bladder having been voided, and the patient placed upon a common pine table, assisted by Prof. Powell, Drs. C. G. Smith and Rutter, the operation of Gastrotomy, for the removal of the tumor, was performed Sept. 4th, 1867. Although she was tapped Aug. 25th, the abdomen was considerably distended with fluid at the time of the operation.

OPERATION:—An incision through the skin and superficial

fascia, from a point two inches above the symphysis pubis to a point one inch and a half above the umbilicus; hemorrhage having ceased, and the transversalis fascia and peritoneum punctured with a grooved director, a probe-pointed bistourie was introduced, and the small opening enlarged sufficiently to introduce the forefinger, which guarded the bistourie as it completed the incision to the above-mentioned points. There was considerable oozing at this stage, but it soon ceased. As the sides of the opening were pulled aside, a firm modena-colored tumor presented itself. The larger portion was on the left of the median line. It (the tumor) reached as high as the umbilicus. A pedicle three-fourths of an inch in length held it to the broad ligament. About the junction of the upper fourth with the lower three-fourths, the tumor was somewhat closely adherent to a coil of the small intestine. Upon further examination, the second tumor, from two inches to two inches and a half long, was found growing from the body of the womb. A third tumor, one-half inch in length, was located at the left angle of the fundus, near the entrance of Fallopian tube. Having adjusted the ecraseur, we endeavored to tighten the chain very gradually; but upon the most moderate break in the pedicle tissues, the blood welled up in profusion. The tumor was very easily separated from its pedicle—indeed too easily for the woman's safety and our own comfort. The pedicle was of a brittle nature, and its tissues readily broke under the pressure of the chain, whether the instrument was managed slowly or otherwise. When the tumor was separated from its pedicle, hemorrhage from the stump was so great, that the efforts of all of us were directed to that point. Silk ligatures were at first tried, but it was impossible to manage them on acccount of the firmness and shortness of the stump—the silk slipping from it, in spite of our best efforts to keep it in place. Finally, a needle, armed with a double ligature, was thrust through the stump, and tied on the side containing the bleeding vessels. There was considerable oozing from the adhesions as they were torn from the tumor, but from only one artery was there much hemorrhage. Just as we were about to ligate this vessel a new source of anxiety presented itself, in consequence of the interference of respiration by chloroform, probably assisted by the loss of blood. Of course, everything was to be dropped, and our energies and means directed to

the remedying of this horrible condition. The face was livid; the parts about the corners of the mouth were already beginning to pale; inspiration had ceased. The patient was turned upon the side and back alternately; clots of blood and bloody serum rushed out upon the table—the intestines being held in place by the hand. In order to pull forward the tongue with a tenaculum, it required the strong iron handle of the pin-nippers to open the jaws, so firmly were they fixed. Water thrown upon the face, Spir. Ammon. held near the nose, artificial respiration, and brandy internally, resuscitated the patient. A ligature was applied to the remaining artery, the patient was again turned upon the side, to empty the abdomen of any remaining fluid, the ends of the ligatures were brought out at the lower end of the wound, and the latter closed with the hare-lip suture, which included the edges of the peritoneum. In a few places, where the abdominal walls were thick, silver wire was introduced, through the skin, between the pins, in order to close the wound as accurately as possible. Lint with simple cerate was placed over the line of incision, and over the lint a bandage. The patient, when removed from the table, was in very good condition. A little more brandy, containing Morph. Sulph. gr.ss. was given.

Sept. 4th, 4 P. M. Has vomited two or three times since the operation; has slept a few minutes at a time; pulse 96, soft and regular; expression bright and pleasant; patient in good spirits; skin moist; extremities warm; ordered Morph. Sulph. gr. $\frac{3}{4}$, in a little sherry; if thirsty, crushed ice.

Sept. 4th, 10 P. M. In good condition, but has vomited considerably since last visit; pulse 100; has slept a few minutes at a time. Ordered Morph. Sulph. gr. j., in sherry, and should it be vomited within half hour, use crushed ice till the stomach becomes settled; then give Morph. Sulph. gr. $\frac{3}{4}$; beef-tea, from one to four teaspoonsful, when she awakes through the night, provided she retained it.

Sept. 5th, 8 A. M. Pulse 102; skin soft, moist and warm; face a little swelled; no pain; slept some during the early part of the night; after 2 o'clock slept very well; vomited some through the early part of the night, when, at her urgent request, her husband gave her a half tea-cup of iced water, which seemed to settle her stomach, as she did not vomit afterwards, and whenever there was

any tendency to vomit, a small drink of iced water would allay it. She vomited the grain dose of morphia, but not the second ($\frac{1}{4}$), and slept pretty well till morning.

Sept. 5th, 1 P. M. Pulse 96; drew off 1½ pints high-colored urine.

Sept. 5th, 6 P. M. Bandages somewhat displaced; applied adhesive strips across abdomen to keep the lint in place; pulse 90; has slept two hours since last visit, and is feeling very comfortable.

Sept. 6th, 8 A. M. Pulse 114; has urinated two or three times since last night; slept from 8 last evening till midnight, without morphia; at 12 o'clock took a drink of iced water, and slept till 6 o'clock this morning; ordered chicken soup containing a small quantity of toast.

Sept. 6th, 5 P. M. Pulse 96. Being anxious to administer Tr. Ferri Chlor., but fearing it would irritate the bowels, only 15 gtt. were ordered, the dose to be increased should it agree with her.

Sept. 7th, 11 A. M. In pretty good condition, though not quite so well as she was yesterday. The dose of iron disagreed with her, and her attendants, very wisely, did not repeat the dose. It (iron) caused slight nausea, some vomiting, with pain through the intestines. She reports that the stomach swelled, (Tympanitis,) but is now subsiding; but very little tenderness; about midnight, she took Morph. Sulph. gr. $\frac{3}{4}$, but vomited it; the anodyne was repeated in half an hour, after which she was comfortable, and slept well; ordered her to continue chicken or beef soup; Morphia Sulph. when restless, or in any way uncomfortable.

Sept. 8th, 11 A. M. Awoke at midnight from colicky pains; took Morph. Sulph. gr. $\frac{3}{4}$, after which she slept till daylight.

Sept. 9th, 8 A. M. Passed very little urine last night; some burning in the hypogastric region; drew off one-half pint urine; dressed the wound; incision, for more than half its length, healed by first intention; a few drops of pus at the two points of exit of the ligatures, which are still held fast; considerable pain where the bladder is voided, in consequence of inflammation of its peritoneal lining; ordered warm water enema.

Sept. 9th, 5 P. M. Injection brought away no fecal matter; ordered Ol. Ricini ℥ss., at 6 P. M.

Sept. 10th, 8 A. M. Bowels moved at 1 A. M., bringing away a

large quantity of dark, green, and very offensive matter; some pain during the operation of the bowels, but it subsided with the operation.

Sept. 12th. Removed the uppermost pin, the wound being perfectly healed at that part; a little suppuration about two or three of the pins.

Sept. 14th. Removed two pins from upper part of wound, supporting that part with adhesive plaster; ligatures still tight; the only suppuration worth mentioning is at the points where the ligatures pass through the wound.

Sept. 16th. Removed a pin from inferior end of wound.

Sept. 18th. Removed the two remaining pins.

Sept. 23rd. Patient up to-day for a short time; she wears a flannel bandage fitted to the abdomen, and retained in place by straps around the thighs.

Sept. 29th. Both ligatures came away to-day; at the upper orifice ʒss. of greenish pus came away. There being considerable tenderness, with some pain, on the right of the umbilicus, the patient was directed to remain in bed for a couple of days.

Oct. 1st. Paid last visit to-day. The wound has perfectly healed. The patient tells me that she feels as well as she ever did, except that she is yet a little debilitated. The bowels are regular, the urine passes easily and in good quantity, the appetite is good, and she sleeps well.

I have only time to give a rough description of the tumor. It was firm and heavy. The surface, over which ran rather large vessels, was, for the greater part, nodulated. The knife, as it passed through it, produced a creaking noise. It consisted of two elements, viz.: A fibrous material, so arranged as to form a greater or less number of cells or cavities, varying, in size, from a duck shot to a marble. These cavities, or cells, were filled with a colorless, jelly-like substance, of the consistence of very thin jelly. This cell contents was very easily pressed out; indeed, generally a touch seemed sufficient to cause it to disappear.

The sequel of this case occurs about two years from the date of the operation. Sunday, Aug. 22nd, 1869, about midnight, the husband of this woman came for me to visit her, at Evanston, in consultation with Dr. Geer, of that place. She was in labor, the pains having commenced about eight o'clock in the morning (Aug.

22nd.) The abdomen was much distended from the presence of two tumors, and a pregnant uterus at full term. The distension was so great, that, a month previously, a small opening appeared between the umbilicus and the pubis, in the line of the incision. The orifice discharged sometimes a dark, watery fluid, and sometimes a little pus. The integument around the fistule had ulcerated to the extent of the palm of the hand. Above the umbilicus there was another small opening. Two rather large tumors existed—one on each side of the uterus; but their bulk seemed so much incorporated with the womb's general enlargement, that their size could not be very definitely settled. The os tincæ could only be reached by introducing the whole hand, except the thumb, into the vagina. The mouth and neck of the womb were both soft and dilatable, but no part of the child could be touched. Nor were we able to detect the sounds of the fœtal heart. The amniotic fluid had come away during the afternoon. The pains came regularly, and the patient was generally in good condition. We left her till next morning, having first drawn off the urine.

Monday, Aug. 23rd. By introducing the hand, as before, we could touch the child's head. The womb occupied the same position as when we last saw her. Neither Dr. Geer nor myself were able, by pressing upon the abdomen, to cause the os tincæ to approach, in the least degree, the fingers of the right hand, in the vagina. The womb was firmly held in its abnormally high position. The fœtal heart sounds were again listened for, but in vain. The discharge from the vagina was of a greenish color, and somewhat offensive. We had feared hemorrhage. It was now our opinion that the child was dead; that the labor was progressing well under the circumstances, and that, as the patient was still strong, there was no indication for interference in any manner.

Dr. Geer, on Thursday, Aug. 26th, wrote me that the patient had been delivered of a still-born child, Tuesday, Aug. 24th; that there was no hemorrhage; that the cord was so soft that it would not bear any traction whatever, and that upon introducing the hand for the purpose of removing the placenta, he discovered quite a large bulge or platform, at the expense of the posterior wall of the womb. The placenta was fixed above this, in a *cul de sac.* The child was quite large; its cuticle was easily rubbed off; blebs were present in a few places. The tumors are now

distinctly felt. There are three, viz.: one, $5 \times 3\frac{1}{2}$ in. on the left side of the uterus; another, $5 \times 4\frac{1}{2}$ in. on the right; a third, between the latter and the front of the womb. The third is small, and is, probably, an outgrowth of the second one. The patient tells me that, five months ago, the tumors were about the size of an egg. Several coils of intestines seem to be adherent to the walls of the abdomen, over which the skin and fascia are very thin. The womb did not contract very readily after the removal of the placenta. The child being dead and the fœtal circulation no longer going on, the vessels supplying the placenta and child became plugged up before delivery; hence, our expectations in regard to hemorrhage were not realized. Several months after delivery, the patient called to see me. The tumors were reduced in size about one-half.

No. 112 *Randolph Street.*

ARTICLE II.—*Tubular Pregnancy.* By W. C. HUNT, M. D., Chicago.

Nov. 12th, 1869, I was called to see Mrs. H.

Her menses had been regular from the birth of her last child, nine years before, until about a month previous to my being called. They had then ceased, some of the usual symptoms of pregnancy immediately following. The main object of my being called was, to relieve, if possible, the nausea and a very distressing sense of impending syncope, which threatened upon the slightest exertion.

Upon the supposition that she was pregnant, little was done, except to relieve (temporarily) the nausea and faintness. Two weeks after this I was again called. The menses were apparently re-established, but very scanty. The tendency to syncope had not abated, and the patient's anxiety was, the fear of "heart disease." "Two of her near relatives had suddenly died of it." During the following week, another slight hemorrhage from the uterus occurred, which cast doubt upon the previous diagnosis, and from this time forward, during the whole of her illness, the hemorrhage continued at intervals of from three days to a week.

At this time, Prof. Freer (who was the family physician) was called in, and an examination revealed the existence of a tumor of the size of a man's fist in the right upper portion of the hypogastric region. But little attention was paid to this, for from this time, an entirely new and different set of symptoms supervened, which masked the whole character of the case. At intervals of three or four days, paroxysms of pain in the right hypochondriac and epigastric region would come on suddenly and violently, continuing for two or three hours, and ending in complete syncope. With recovery from the syncope, came entire relief of all the symptoms, except a yellowness of the skin, which followed these attacks, to disappear usually at the time of the next.

The passage of stones from the gall bladder was diagnosed.

The tumor was suspected to be in the ovary. In this condition the patient continued, alternating between the pain and syncope, and gradually improving during the interval, without much loss of strength when the pain was absent, until the 14th of January, 1870, when, after an unusually severe attack of the pain, she died in the syncope that followed.

AUTOPSY: 30 hours after death. Present, Profs. Freer and Blaney, and Dr. Parkes.

Skin, mucous membrane and conjunctiva intensely jaundiced.

Cavity of the abdomen filled with blood, of which 2½ gallons were dipped out.

Liver pale, exsanguine; gall bladder entirely empty, large and flabby.

The right Fallopian tube contained a fœtus of three months growth. The placenta attached at or near the junction of the tube with the uterus—a portion of its attachment had separated, and from this the fatal hemorrhage had occurred, rupturing the distended walls of the tube, and escaping into the abdominal cavity. This attachment of the placenta was the source of the frequent hemorrhages from the uterus during the last two months.

NOTE. The uterus and appendages taken from the above case may be seen in the museum of the Rush Medical College.

ARTICLE III.—*Poisoning by Belladonna.* By CHAS. E. HOGEBOOM, M. D., Blackberry, Illinois.

On the 14th of December, 1869, I was called in great haste, to see John Ramsey, of Blackberry, Illinois. The messenger said he was dying.

He was a patient of Dr. Pritchard, of Kaneville; suffering from phthisis, and confined to his bed. His condition when I first saw him at 6 1-2 P. M.: Insensibility complete, aphonia, loss of power of deglutition, irregular muscular contractions, pallor, pupil of eye greatly dilated, and insensible to light, pulse 138, respiration stertorous; in half an hour the face became red and swollen, eyes suffused with blood, pulse 160, very weak and intermittent, subsultus tendinum, coma.

He had taken nothing since 10 o'clock, A. M., except a fluid dram of Ext. Rhei, taken at 5 o'clock, P. M. Soon after taking this, he complained of dryness in the fauces, wanted some water; but could not swallow, and soon after became insensible.

Diagnosis: Belladonna poisoning.

℞ Morphiæ Sulph. gr.ss, every fifteen minutes; after several doses once in half an hour.

At first the morphia was put on the tongue to be absorbed; after three doses had been given, he could be made to swallow by the presence of fluid in pharynx.

We gave six or eight grains of morphia, with no other effect than a seeming relief of symptoms of poisoning. After each dose there would be an increase of irregular muscular contractions; but the pulse became slower and stronger. In about five hours he began to talk incoherently; in eight hours recognized some of his friends. He recovered.

Dr. Pritchard came about 10 o'clock, and shared responsibility in the case.

An analysis of the Ext. Rhei., fd., (so called) gave a large proportion of Belladonna. Ramsey must have taken about fifty drops of the fluid extract of Belladonna.

ARTICLE IV.—*Biliary Calculi.*

In the November No. of this Journal (for 1869) I had the pleasure to lay before its readers a report of a case of removal of these troublesome concretions by the aid of olive oil administered in a large (one pint) dose. Since the date of that communication, the patient has suffered from dyspepsia more or less distressing. Indeed, with a persistence of his old symptoms generally, except the violent pain, until about two weeks ago; at which time he was seized, as before, with the violent, lancinating, cramping pains in the right hypochondrium. Impressed with the efficacy of the olive oil as administered on the former occasion, he procured and drank a pint of oil, upon his own responsibility. There was no alleviation of the symptoms during the succeeding twenty-four hours, at the expiration of which time he passed, per anum, more than one hundred biliary calculi—more than sufficient in bulk to fill a half pint measure.

The case, in addition to the one previously reported, presents no new features, and is only offered as another datum in the therapeusis of this painful malady. W. H.

Original Translations.

ARTICLE I.—*Legros and Onimus upon the Influence of Electric Currents upon the Nervous System.* From the Journal de l'Anatomie et de la Physiologie. (Robins.)

[Continued from May No., 1870.]

§4.—*The Influence of Continuous Currents Acting at once upon the Nerves and upon the Muscles.*

Thus far we have studied the influence of electric currents in cases in which the reophores are placed directly in contact with the denuded nerves. These conditions are very simple for experimental purposes, but never exist for medical applications, as the electric current is never applied directly upon the nerves, these being always covered with a layer, more or less thick, of the different tissues.

In the application of electricity to man, two cases may be distinguished, the one in which the reophores are placed along the track of a nerve, and in regions in which it is very superficial, and the other in which one of the reophores is placed along the track of the nerve and the other upon the muscle to which this nerve is distributed. In the case in which the reophores are placed along the course of the nerve, the condition of direct action upon the peripheral nerves is established; but as the nerve is not in immediate contact with the electrodes, the products of the electrolysis do not accumulate there, and it is thus, to a great extent, protected from the chemical actions which the electric currents might determine upon the nervous filaments.

It remains for us to study the influence of electricity in that case in which it acts at once upon the nerve and the muscle.

If an electric current is passed from one leg of a frog to the other — not skinned, but from which the head has been separated from the trunk, in order to prevent all voluntary action — it will be perceived that there can be no longer obtained, but with great difficulty, the alternating contractions referred to already. Whatever may be the direction of the current, it is always at the moment of closing the current that the most energetic contractions are obtained. The strongest and most complete contractions no longer occur, in this case, in the limb traversed by the direct current, but, on the contrary, in that traversed by the ascending current. It is at the closing, and not at the opening, that these contractions occur, and they continue still under the form of partial or fibrillary contractions, during some time after the closing of the current. When the animal commences to be fatigued, the contractions reappear at the opening of the current.

If the spinal cord be diminished (?) or destroyed, or if the animal be poisoned by narcotics, the contractions which were originally very strong in the limb traversed by the ascending current, diminish very perceptibly in energy and in extent; they are then more decided in the opposite limb.

In applying electricity through the skin of robust animals, generally, energetic contractions are obtained only at the moment of closing the current. The same is true of man.

In man, in pathological cases, in which sensibility is found to be diminished, the most energetic contractions are determined equally

by employing a descending current, whilst in the normal state, and especially in very excitable persons, it is by means of the ascending current that the most vigorous contractions are obtained.

In cases of anæsthesia, the ascending current occasions very feeble contractions. These facts, which we have several times verified, and which will receive still farther confirmation from those which we are about to study, when we come to examine the influence of electric currents applied directly to the cord, prove, in a very clear manner, that the ascending current determines reflex contractions in the muscles of the limb which it traverses.

As we have already said, it is the ascending current which acts most energetically upon sensitive nerves, and it is known, on the other hand, that excitation of the sensitive fibres determines reflex contractions.

Every reflex action is effected by the intermediation of the cord; but there is another circumstance, which was forgotten among the facts just stated, which permits a portion, at least, of these contractions to be considered as being not *reflex* but *induced*. It is known, indeed, that the electrical excitation of a nerve determines, in another nerve in contact with it, a change of condition, which manifests itself by the contraction of the muscle to which the nerve remains attached. This fact, discovered by M. du Bois Raymond, has received the name of induced contraction; it may be appropriately enunciated thus: *the state of activity in a nerve may induce the same state in a neighboring nerve, although they may not be connected by a nervous centre.* This proposition, thus enunciated, appears very bold, and moreover, it is the real expression of a phenomenon discovered by experiment.

Indeed, in applying an electric current to the nerve of a muscle, the only portion of the nerve through which the electric current circulates is that embraced between its points of contact, and the contraction of the muscle occurs not because the electric current reaches the muscle, but because the nerve is excited at one of these points. All that portion of the nerve between the muscle and the nearest point of contact of the current is therefore not traversed by the current: in this portion, therefore, the nerve is at rest, and it is the change of condition experienced by this portion which determines the excitation of the motor nerve of the muscle. Indeed, as may be seen later, it is possible to excite in this case the electro-

tonic state of that portion of the electrized nerve lying between the muscle and the nearest point of contact of the current, but that fact does not contradict what is here asserted, that is to say, the induced contraction of muscles by the excitation of sensitive nerves alone, the impression not having traversed the spinal centre. We cannot examine here the different physiological or pathological conditions in which this proposition could be considered, but, regarding exclusively the subject now under consideration, we believe that this experimental fact ought to be taken into consideration in the conditions of electrization of mixed nerves. Moreover, when the cord is destroyed, contractions in the limb traversed by the ascending current do not become weakened immediately, although it is after the expiration of only a very short interval that this phenomenon is manifested, and it is permitted to assume that, during the first moments in which contractions, still energetic, are maintained, they are due to the direct influence of the sensitive upon motor nerves. The last paragraph may be epitomized by the following conclusions:

Whenever nerves and muscles are acted on at the same time, the strongest contractions always take place at the moment of closing, whatever may be the direction of the currents.

In the limb traversed by an ascending current, the contractions are most energetic when sensibility is preserved; when this is abolished or diminished, the contractions, under the influence of an ascending current, are very feeble. They are, then, much stronger when a descending current is employed.

The contractions, under the influence of an ascending current, are due to reflex action, and probably also to the phenomenon observed by M. du Bois Raymond, and termed induced contraction.

§ 5.—*The Electrotonic State, or Electrotone.*

The effect determined in a nerve by the passage of a continuous current remains to be investigated. If a constant galvanic current is made to pass through some fraction of a nerve, this undergoes, throughout its entire length, a change of state, which is manifested by an increase or a diminution in its own electric current. If the current of the pile has a direction similar to that of the nervous

current, the latter is increased in intensity; it is, on the contrary, diminished if the direction of the two currents is inverse. M. du Bois Raymond has applied to this phenomenon the name *electrotonic state* of the nerve. He distinguishes two different phases of this condition, that during which the nervous current undergoes an increase of intensity, which he calls *positive*, and that during which it undergoes a diminution, which he terms *negative*. Then, at the moment when a voltaic current is made to pass through a portion of a nerve, a current in the same direction is produced throughout the whole length of the nerve, both above and below the electrized point. This current is rendered sensible by a galvanometer placed at any point of the nerve. This electric current, which is formed thus, outside of the points directly electrized, had been obtained, until very recently, only in nervous fibre. It might thence be logically concluded that this was a special phenomenon of nerves, and that it was in intimate relation with their functioning. M. du Bois Raymond admits that the electrotonic state is due to a molecular polarization of the nerve analogous to that which is determined in all conducting bodies by the effect of the passage of an electric current. This polarization consists in this, that the nervous molecules, endowed with two electric poles, turn all their positive poles from the side toward which the current is directed, and their negative from the side at which it enters. Under the influence of an exterior current, the nervous molecules are arranged in regular succession, in the manner designated under the name "polarization," and assume this arrangement, even in the portions of the nerve not traversed directly by the current. The result of which is the circulation in the nerve of a new current, which must augment or diminish, according to its direction, the nervous current itself.

Before referring to the experiments of Matteucci, which seem to reduce these different states to simple chemical action, we should again relate the facts discovered by M. Pfliiger.

According to this physiologist, a voltaic current, passing through a determinate length of nerve, decomposes the nerve into two different portions, regarded from a physiological stand-point. The portion of the nerve in contact with the positive pole (anode), loses its excitability, and this state has received the name of *anelectrotonic;* near the negative pole (cathode), the excitability is, on

the contrary, augmented, and this state is designated by the name *catelectrotonic.* These changes of condition are found, not only at the points of contact of the poles, but likewise in their neighborhood; moreover, they are observed especially with moderate currents. They augment with the intensity of the current, up to a certain maximum, next diminish, disappear, and pass into opposite effects.

Such is the fundamental experiment of M. Pfliiger. Whilst a current traverses a portion of the nerve, he moistens the nerve with salt water, which, in its normal state, constantly provokes muscular contractions; on the side of the positive pole, the salt water determines no contraction, whilst it determines them when it is placed in contact with the portions of the nerve approximating to the negative pole. With an ascending current, that is to say, when the negative is placed farther from the muscles than the positive pole, the same effect is obtained, which demonstrates that the excitability determined at the negative pole is sufficiently strong to reach the muscles by passing through a portion of the nerve traversed by a current, and rendered inexcitable by it in one point.

M. Bezold has repeated these experiments, and has epitomized the results which he obtained, in the following propositions:

In nerves, as in muscles, the current passing into these organs in a constant manner, produces, during all the time of its passage, a molecular polarization. This molecular state determines direct excitation only near the negative pole, and the nerve, like the entire muscle, is only excited indirectly by the irritation produced at the negative pole.

At the moment of the opening of the current the excitation takes place directly, only near the positive pole, and the parts which approximate to the negative pole are placed in a state of irritation by the influence of the excitations originating at the positive pole. In other words, at the closing of the current the excitation is due to the constant departure of the current, and at the opening, a state of irritation is induced, during some time, by the perturbations of molecular equilibrium.

M. Bezold adds, and we insist upon this fact, that the excitant effect of a constant current is due, probably, to chemical actions produced by the passage of the current, and that electric excitation is only a determinate form of chemical irritation.

The question of molecular polarization being hypothetical, we will not permit ourselves to be drawn into discussions of this sort, but, from the conclusions of Bezold, it results that, during the passage of the current, the centre of irritation is located near the negative pole, whilst at the opening, the regions in contact with the positive pole become the cause (source?) of excitations, and finally that these phenomena are probably due to chemical action. These conclusions approximate nearly to those of Matteucci, who made, during the later years of his life, very important investigations in relation to the electrotonic state.

In order to explain the theory of Matteucci, we are obliged to reconsider the question from its origin; and, moreover, this discussion is too important for us to be able to summarize it in a few lines.

It is known that when certain inorganic bodies, such as platinum, are electrized, there are formed at the same time *secondary currents*, directed inversely to the principal current. These currents are due to the chemical actions which take place, on the one hand, between the products of the electrolytic decomposition gathered upon the metallic electrodes, and, on the other hand, with the liquid which is in contact with the electrodes. The products of decomposition, as may be ascertained by the aid of litmus paper, are, at the negative pole, alkaline, and at the positive, acid. When the liquid which bathes the electrodes is pure water, the products of decomposition are, oxygen at the positive pole, hydrogen at the negative. Now, in this case, the secondary currents may still be formed, as is proved by the following experiment, due to Matteucci: A wire of platinum, well depolarized, is introduced by one of its extremities into a test tube filled with hydrogen gas. After having left this tube, during some hours, in contact with the gas, if it be next applied to the galvanometer, a deviation of the needle will be obtained.

If, in place of a platinum wire, there be substituted a cord, moistened with salt water, a cylinder of clay, saturated with the same, a fragment of vegetable or animal matter, as slices of potatoes, stalks of celery, muscles, nerves, electric phenomena of the same character will be likewise obtained. Of all these substances, nerves possess this property to a very high degree.

"I select," says Matteucci,* "in a chicken or a rabbit, which has just been killed, the sciatic nerve, at least 60 to 80 millimetres. I assume it to have been already tested experimentally that this nerve, placed upon the cushions of the galvanometer, exhibits no indications of an electric current. I then take this nerve and place it upon platinum electrodes in such a position that the extent traversed by the current between the electrodes may be 25 or 30 millimetres, and that two ends of the nerve, each about 15 to 20 millimetres in length, remain hanging outside of the electrodes. Then I transmit the current from a little pile of not more than eight or ten elements, during a period not exceeding a fraction of a second, and which, ordinarily, I continue from thirty to sixty seconds. After this passage, I quickly transfer the nerve to the cushions of the galvanometer: immediately I obtain a strong deviation, which depends upon the duration of the passage of the current, and upon the power of the pile, and which, in every portion of the nerve situated between the poles, indicates a current contrary to the current of the pile. I find, likewise, indications of a current, upon touching outside of the poles — that is to say, between the points of the nerve which were in contact with the negative pole, and with the positive, and which were near, and at points most distant, or neutral — which had not been in the track of the current of the pile. In these portions situated outside of the electrodes, the secondary currents have the same direction as the current of the pile, and experiment has demonstrated that the strongest secondary current is always that at the end of the nerve which is beyond the negative pole. It has been recognized, likewise, that by prolonging considerably the passage of the current, or by using a weaker current, the secondary currents obtained in the exterior parts all take, finally, the same direction as the intermediate current; that is to say, by being at all points, both between the electrodes and outside of them, contrary to the current of the pile. If we recall, here, the known principles of electro-chemistry — that is to say, that there is always an electric current produced at the point of contact between a base and an acid, between the water and the acid, between the base and the water, a current which goes directly from the base to the acid, from the water to the acid, from the base to the water — we will under-

* *L'electro-physiologie.* (*Revue des cours Scientifiques*, 8 août, 1868.)

stand, without difficulty, how these secondary effects are developed in nerves after they have been traversed by electricity, from the moment when we know that at the contact of the electrodes the nerves gather the products of the electrolysis."

In order that secondary currents may be obtained, it is not necessary that the nerve be fresh, it suffices that it be moist, and that its structure be not altered; these phenomena occur still in the nerves of animals dead several hours, and in nerves plunged during several hours in water at 40 degrees of temperature. They disappear after the nerve has been compressed at any point in such a manner as to destroy the homogeneity of the axis cylinder. Matteucci supposes, after experiments made upon bodies such as moist chalk, pieces of potato, which give secondary currents much more energetic when they are traversed in the direction of their axis by a metallic wire, that the axis cylinder plays, in the nerve, the role of a better conducting body, and that it is upon this that the products of electrolysis are deposited.

Lastly, the experiment of Matteucci consists in covering with two layers of hempen or cotton threads a platinum wire of one metre in length and one millimetre in diameter; these threads are moistened with salt water, and arranged consecutively, as in the experiment upon electrotone, that is to say, with one of their extremities placed upon the cushion of the galvanometer, separated from each other by a distance of 20 to 25 millimetres, whilst the other rests upon the electrodes of the pile, or upon the cushions communicating with the electrodes. The current is scarcely formed, when a strong electrotonic current is obtained, even at the distance of 30, 40, 60 centimetres, and more, from the electrodes of the pile.

By applying to the platinum wire, thus covered, litmus papers, the paper will be seen to redden at the points of contact of the positive electrode; outside of it, however, and even at a great distance from these points, the paper becomes blue, and consequently indicates an alkaline reaction. These entirely opposite effects occur near the negative pole.

As to the phenomena observed by Pfliiger, consisting of a loss of excitability near the positive pole, and an augmentation of excitability near the negative, Matteucci explains them by this fact, that in contact with the negative pole the nerve is loaded

with hydrogen and alkaline matter, and that it is loaded, in contact with the positive pole, with oxygen and acid. Now, as Humboldt first discovered, the excitability of the nerve is augmented when it is kept in contact with a very weak alkaline solution, whilst it is weakened in contact with an acid solution much diluted.

According to Matteucci, the phenomena of electrotone, and those of the catelectrotonic and anelectrotonic states, are then produced only by the chemical actions which are developed by the passage of the current. It is important to compare this opinion of Matteucci with the conclusions of Bezold, which, although less definite and clear, seem to give the same results.

We accept very willingly the greater portion of the theories of Matteucci; however, whilst recognizing that they are certainly true, we believe that they are so only in part, and that they are insufficient to explain all the phenomena.

The most serious objection in this identity between the electrotonic state and the secondary currents is the rapidity of transmission of electrotone, for this transmission is equal, not to that of electricity, but, indeed, to that of nervous influx; and, just as this condition is one of the best arguments to demonstrate that nervous influx cannot be identified with electric phenomena, we ought, in this case, to admit equally that these phenomena cannot be identified with the electrotonic state.

Moreover, if electrotone was a phenomenon purely physical, the force of the current would not act differently according to its intensity, and it has been shown that, far from augmenting with a strong current, the electrotonic state diminishes, and disappears completely.

Lastly, the electrotonic state, that is to say, the loss of excitability near the positive pole, is produced without the direct application of the electrodes to the nerves: indeed, in several cases, a diminution of excitability is observed in the neighborhood of the positive pole, when the latter is separated from the nerves by a thick layer of epidermis and adipose tissue.

The experiments of Matteucci remain no less complete, and possess great importance, although we believe, according to our own experiments, two cases should be distinguished, that in which the nerve possesses all its excitability, and that in which the nerve

no longer retains its excitability, and acts as a conducting body, susceptible of undergoing the phenomena of electrolysis.

In the first place, every current, whatever may be its properties, its origin, and its direction, determines an excitation of the nerve to which it is applied. The nerve, fresh and living, assumes an active condition at the least disturbance, the slightest irritation, whether this irritation be mechanical, chemical, or electrical; hence, it is evident that the electric current, which modifies profoundly the molecular condition of bodies which it traverses, will determine nervous activity, and that, too, whether the current be ascending or descending, and at the moment of the closure as well as at the moment of the opening, for in each of these moments the molecular state is modified.

But at the end of some time, when the nerve has been exposed to the air, or has been fatigued by the current, its excitability disappears, and here, then, are interposed different conditions and phenomena, due, not to the direct action of the current upon a portion of the electrized nerve, but to the action of derived currents and currents of polarization.

Foreign Correspondence.

PARIS, April 22nd.

During the last few months there has been an epidemic of small-pox, in Paris, of considerable gravity.

The following table indicates the number of deaths from this disease in the hospitals and in private life included:

	1868.	1869.	1870.
January,	80	64	183
February,	71	49	302
March,	76	62	411

The mortality has been in proportion to the wealth and poverty of the different quarters of the city—the poorer the quarter, the greater the number of deaths.

The greater number of cases of the disease has been observed

to be with adults, especially between the ages of 20 and 30 years. This latter fact is explained for Paris by the census showing that there are five times as many adults in Paris as children, and four times as many old people as children. A larger number of males than of females have been attacked; yet, comparatively, more of the feminine sex have succumbed than of the former.

This epidemy has also clearly shown that the mortality is very great when attacking children during the first year of their existence—ten times greater than between the ages of 20 and 30. It has been especially very destructive to children under three months of age—thus showing that vaccination ought always to be done as near birth as possible.

The Medical Commission, appointed by the hospitals of Paris, in their report, said, in regard to the effects of vaccination: "We all know that in a certain number of cases its benefit disappears to such a degree, that certain persons having beautiful vaccinal cicatrices succumb from confluent variola, or more often from the malignant, and especially the hemorrhagic forms; we know that a larger number of vaccinated persons are attacked with variola discreta, which sometimes present great gravity, and may terminate by death; but we also know that these facts are only the exception, and that the majority of vaccinated persons are only lightly attacked; and, on the contrary, we are not ignorant if it happens that persons not vaccinated are slightly attacked, this is by far the greater exception; and, that for persons not vaccinated, when attacked with small-pox, the danger, the confluence and the malignity constitute the rule and not the exception." The Commission here give statistics taken not only from the present epidemy but from former ones, proving the above assertions.

I am happy to give your readers the conclusions of so scientific a body in regard to the good effects of vaccination, as I am well aware that, of late, the contrary opinion is gaining ground with a certain part of the population of England and the United States.

Let it be fully understood that the above statements have reference to vaccination that has taken effect anterior to an attack of small-pox, because the Commission are in accordance with good authority, when they declare that a person affected simultaneously, or nearly so, with small-pox and the eruption of vaccination, that both affections march independently the one of the other. In

such a case the small-pox will take its natural course, either benign or malignant, as the case may be.

They also declare their disbelief in regard to vaccination being capable of attenuating the natural march of small-pox, when made at the beginning of this latter disease; yet, as popular opinion claims the contrary, they say there is no harm in vaccinating the person under the influence of variola, and if the patient demands it, the shrewd physician will give him this consolation. It will be perceived that the Paris Commission do not admit the doctrine of celebrated English authority—Aitken, for example—where he says, "a person exposed to the variolous contagion, if then vaccinated, it will mitigate the disease." The period of incubation has been, in general, from twelve to fourteen days.

Among the complications the most worthy to be noted are several cases of Endocarditis, Endopericarditis, Pericarditis, softening of the heart, which occurred always in severe cases, no cardiac complication being noted in varioloid patients. Owing to the medical constitution now existing in Paris, the most frequent complications have been laryngeal, bronchial and pulmonary. In fact, we may say there is a sort of atmospherical epidemy now reigning in Paris, which attacks the tonsils of a great number of persons, lasting three, four and five days, causing great prostration and severe lumbar pains. With this latter I was affected, and had also to treat some of my friends for the same.

In regard to the treatment of variola, the attention of the Paris medical profession has principally been drawn to the medicament proposed by Dr. Chauffard, which consists in the employment of phenic acid in large doses; not as a specific, thus suppressing well-known indications of treatment, but as specially destined to act upon the pyrogenic and toxic accidents of the secondary fever.

The dose employed has been from 25 centigrammes to 1¼ grammes a-day. This medicament has been perfectly tolerated by the patients, causing no vomiting and only a little diarrhœa at the end of six or seven days' administration. It is not certain even that the diarrhœa was caused by this acid. Consecutive abscesses have been much less common where phenic acid has been given.

The patients have been daily washed with water containing this acid, and afterwards covered with powder from head to foot;

linen often changed; windows often open, to give continually pure air; and whenever the rooms appeared vitiated, fumigations of juniper were employed.

At the same time the patients have had broth and some wine, from the beginning, and food as soon as they requested it.

In my next letter I propose to treat of a certain kind of tumor affecting the urinary meatus of women, a very interesting case just having been treated by myself and a good Paris surgeon.

A. W. Bosworth.

Editor's Book Table.

The Indigestions: or Diseases of the Digestive Organs, Functionally Treated. By Thomas King Chambers, Honorary Physician to H. R. H. the Prince of Wales, etc., etc. Third American Edition, revised. Philadelphia: Henry C. Lea. 1870. Pp. 383.

It is a noticeable fact that a third edition not being yet required in England, the author sends the MS. for publication to America. We fancy that this is due to the fact that Dr. C. is progressive to an extent more pleasing to the American than the British mind. He has a philosophical and at the same time an intensely practical method which has for many years especially won our esteem and confidence, as we have again and again indicated through the *Journal.* This treatise is worth a whole shelf-full of systematic treatises that could be selected even among modern works.

Indigestion complicates about all ailments. Oftentimes it is all there is of the so-called disease. No matter what the nomenclature is, modern physiology teaches that the point of prime interest is to take care of nutrition. Appropriate local conditions being secured so far as possible, the physician's business then is to furnish suitable nutriment on the one side and due elimination on the other. These three are all. What medicines can do, may be more or less questionable, but about these things there can be no question.

Some ten dozen cases are added to those contained in the first edition. There are ten chapters and a copious index. He discusses, after the introduction: Indigestions, acute and chronic: Indigestions of various Foods; Local Pains in the Stomach arising from Indigestions; Vomiting; Flatulence; Diarrhœa; Constipation and Costiveness; Nerve Disorders connected with Indigestions; Causes of the Indigestions. Starting from a physiological basis he illustrates departures from the normal condition by an immense number of cases clearly and concisely stated. Treatment is given, with a perspicuity and definiteness of purpose, which will be found peculiarly gratifying to the practitioner. To those physicians who rarely buy a book, and look more to what they call practical matters than theories, we would say, you will make money by purchasing this book, reading and pondering it well. The influence its author has already had on the professional work of the time has been very great, and it is certain to increase the more he is studied, and the more he writes.

The Membrana Tympani, in Health and Disease. By DR. A. POLITZER, of Vienna. Translated by A. MATHEWSON, M. D., and G. H. NEWTON, M. D., Surgeons of the Brooklyn Eye and Ear Hospital. Pp. 183. For sale by Messrs. Keen & Cooke, 113 & 115 State St., Chicago.

The student of aural medicine can form no more excellent habit than that of examining with care the external meatus and membrana tympani. Whatever may be said of the value of other means of diagnosis in diseases of the ear, a careful inspection of the meatus and membrane reveals by far most frequently the conditions upon which pain and impaired hearing depend.

It would be difficult to estimate the amount of physical pain and mental distress caused by neglected diseases of the ear, which could be easily prevented, if physicians were in the habit of simply making an examination of these portions of the ear, by means of concentrated light, thrown into the external meatus with the concave mirror, as recommended by V. Troetsch.

The brief but valuable monograph of Politzer has been placed within the reach of every American student by the excellent translation of Drs. Mathewson and Newton.

The work is an admirable statement of what is known concerning the membrane tympani and its diseases.

The value of the work is much enhanced by numerous chromo-lithographs, illustrating the normal and the abnormal conditions of the membrane.

The translators merit the thanks of the profession for this valuable labor. E. L. H.

The Gentleman's Stable Guide: Containing a Familiar Description of the American Stable; the most approved method of Feeding, Grooming, and General Management of Horses; together with Directions for the care of Carriages, Harness, etc. By ROBERT MCCLURE, M. D. V. S., author of Diseases in the American Stable, Field and Farm Yard. Philadelphia: Porter & Coates, 822 Chesnut Street. Pp. 184. 12mo.

The character of this book is well indicated in the title. Every physician who keeps a horse will find herein many valuable hints upon the various topics included. It is a very sensible and practical treatise. The hygienic care of horses is very clearly set forth, and the therapeutics sufficiently simple and "common sense" in their character.

Books Received.

Obstetric Operations, Including the Treatment of Hemorrhage. By ROBERT BARNES, M. D., Lond., F. R. C. P., Obstetric Physician to, and Lecturer on Midwifery and the Diseases of Women and Children at St. Thomas' Hospital, etc., etc. With Additions, by BENJAMIN F. DAWSON, M. D., late Lecturer on Uterine Pathology in the Medical Department of the University of New York, etc., etc. New York: D. Appleton & Company, 90, 92 and 94 Grand street. 1870. 8 vo, pp. 483.

Anatomy, Descriptive and Surgical. By HENRY GRAY, F. R. S., etc., etc. Fifth Edition, revised and enlarged. Philadelphia: Henry C. Lea. 1870.

The Private Life of Galileo. Compiled principally from his Correspondence and that of his eldest daughter, SISTER MARIA CELESTE, Nun in the Franciscan Convent of St. Matthew in Arcetri. Boston: Nichols & Noyes. 1870. Pp. 300.

Only a Girl: Or, a Physician for the Soul. A Romance from the German of Wilhelmine Von Hillem. By Mrs. A. L. WISTER. Philadelphia: J. B. Lippincott & Co. 1870.

A Practical and Systematic Treatise on Fractures and Dislocations. By A. JACKSON HOWE, M. D., Professor of Anatomy in the Eclectic Medical Institute. Cincinnati: Charles F. Wilstach & Co. 1870. Pp. 424.

United States Sanitary Commission Memoirs. Surgical. Cambridge: Riverside Press. 1870.

Basham on the Kidneys.

The late period at which the above were received, prevents further notice in the present number.

Pamphlets.

Reduction of Dislocations. By WILLIAM WARREN GREEN, M. D., Professor of Surgery in the Medical School of Maine.

Prof. Green has issued a pamphlet of eleven pages upon the above named subject, being a reprint from the *Boston Medical and Surgical Journal.* He tells us in a prefatory note that the paper was commenced two years previously to October last; and, in some additional remarks, that it was completed previous to the publication of Prof. Bigelow's book on the Hip.

Prof. Green believes that the untorn portion of the ligament or ligaments constitutes the main impediment to the reduction of all dislocations. He tells us that he sat under the surgical instruction of Prof. Moses Gunn in the winter of 1854–5, and that the principle which that teacher then applied to two luxations of the hip, (viz., the dorsal and ischiatic), and to the several dislocations of the shoulder, was so convincing to him that he adopted it and has since then extended its application to all luxations. This general application of the principle, Prof. Green ably supports by both argument and reference to cases occurring in his practice.

Archives of Ophthalmology and Otology. Edited and Published simultaneously in English and German. By Prof. H. KNAPP, M. D., in New York, and Prof. S. Moos, M. D. in Heidelberg. Vol. 1, No. 1. New York: William Wood & Co. Carlsruhe: Chr. Fr. Muller'sche Hoffbuchhandlung. 1869.

It is the intention of the editors to issue the "Archives half yearly, in spring and autumn," by separate independent numbers, each to contain about 250 to 300 pages, and two numbers to form a volume. The present No. contains 364 pages, besides ten or twelve leaves of plates and diagrams. It is well printed upon beautiful paper, and the chromo-lithographic plates, as promised in the prospectus, are superb. The matter is entirely original, and contributed by men of eminence both in this country and Europe. If the present No. is any indication, the "Archives" will prove invaluable, not only to the ophthalmologist and otologist but to the general practitioner. Address Wm. Wood & Co., publishers, New York City. $7.00 per annum.

Editorial.

Back Numbers Wanted.

☞ Twenty-five cents, each, will be paid for Nos. 11, 12, 15 and 16 of this Journal, for 1869.

The Transactions

Take up so much space in this number, that we are reluctantly compelled to defer much valuable matter with which we have been favored. Meanwhile, we promise, if the American Medical Association does not sustain itself better the next year than for this and several years past, we shall take the liberty hereafter utterly to ignore its proceedings.

Prof. Tardieu.

[By the following clipping from a recent Paris letter, it will be seen that ours is not the only great capital where confusion has prevailed in Æsculapian circles.]

"The medical students are in revolt. One of their professors, Dr. Tardieu, is an expert of acknowledged ability. He was called in by Prince Pierre Napoleon to examine the wound on his jaw, as alleged to have been inflicted by Victor Noir, a few hours after the event at Auteuil. Before the High Court at Tours, the Doctor forgot the man of science in the courtier. The students took note of his partial evidence, and when he resumed his lectures he was received with hisses, hootings, cries of "resign," "go to the Tuileries," etc. This state of things has now existed for several days, becoming intensified by time. The amphitheatre, where the doctor lectures, can accommodate 1,000 persons, but 500 more squeeze in to see the sport. Four o'clock in the afternoon is the hour for lecture, but long before this the theatre is full. Some students kill time in reading novels, others arranging their bets on the result of the "demonstration" in hand, while the vast majority fall back on music. The concert opens with the popular chant, "Holy Spirit, descend upon us," which would be unobjectionable if it were not so immediately followed by cheers for Patti, and "*la femme a barbe*," no allusion *la diva*. The only orchestral accompaniments are wooden and tin whistles. There is a sudden and combined howl; all eyes are turned upward, and some half dozen students are observed on the glass roof, grinning like gorgons at those below. Music has its charms, for the *Marseillaise* is sung, and the performers, pleased with their rendering of it, cheer their noble selves and resume the refrain. Vivas follow for Victor Noir and Rochfort, the latter being at last voted President of the French Republic, with full powers to give the students everything they may demand. It is four o'clock; the door opens; quite a stream of doctors enter, and at last Tardieu, who, pale and grave mounts the estrade—Pandemonium then breaks loose—the doctor bows and retires, followed to his carriage by the Furies. But a number of strangers have got into the crowd—above all, law students, with whom the hunting down of a medical expert ranks among the first of legal virtues. But Bob Sawyer is just—he will have none but Athenians proper, to pronounce an ostracism, and for the future, every medical student must present his card before being admitted to the lecture-room. Thus a fair vote will be taken on Dr. Tardieu. The pupils—especially the juniors—called the "Mountain"—demand his resignation. This he refuses, and the other professors promise to make common cause with him; if so, the University of Medicine must be temporarily closed. In 1865, Dr. Tardieu resigned as Dean of the University, rather than communicate

what he considered an unmerited reprimand from the Minister of Public Instruction to the students. But of late, his evidence before juries was more of the advocate than the cool impartiality of the judge."

The Red Blood Corpuscle.

At the recent reception of the American Medical Association, Surgeon Woodward showed the red blood corpuscle magnified 40,000 diameters. By a private letter, we are informed that he pointed out the central, elevated portion discovered by Prof. Freer, which was shown indistinctly. Referring to Prof. Freer's opinion that it was the nucleus, he remarked that he was himself inclined to the opinion that it was produced by drying and shrinking. Those who have seen (as we have repeatedly,) Prof. Freer's beautiful demonstrations from blood drawn freshly, and placed immediately on the slide, will at once appreciate the incorrectness of Surgeon Woodward's idea. By the way, the blood corpuscles furnished by renal hæmaturia, exhibit this central mammillated projection with remarkable clearness.

Speaking of the American Medical Association, our correspondent will pardon us for quoting and adopting the sentences with which he closes his note: "A great deal of time was wasted in the discussion of ethical questions. Until we can succeed in infusing—or transfusing—a little more honor into the veins of many medical men it will be useless to prate about ethics. And until we succeed in establishing medicine upon a more scientific basis, and meet together for scientific discussion, our meetings will be but of little avail, and '*that's what's the matter.*'"

Sir James Y. Simpson,

The celebrated Scotch author and practitioner, is dead. The profession and the world herein sustain an almost irremediable loss, which will be widely deplored. We have as yet no details. We suppose that in Boston his sudden demise will be attributed to his advocacy of Chloroform, and too little respect for the feelings of sundry of their magnates whom a recent letter of his disposed of summarily. It is to be hoped that the effort to falsify history by the Wells resolution, in the American Medical Association, may not have a similar disastrous effect upon any body.

Ancient Norse Surgery.

In the Sagas of Snorro Sturleson, we read of Thormod, a Scald, (A.D. 1030) who was wounded by an arrow which penetrated the chest. He broke off the projecting part and waited patiently, meanwhile assisting while other wounded men were attended. The doctress (or surgeoness) (who we hope was not jeered at by the masculine walkers of the wards,) said: "'Let me see thy wound and I will bind it.' Thereupon, Thormod sat down, cast off his clothes, and the girl [*sic*] saw his wounds, and examined that which was in his side, and felt that a piece of iron was in it, but could not find where the iron had gone in. In a stone pot she had stirred together leeks and other herbs, and boiled them and gave the wounded men of it to eat, by which she discovered if the wound had penetrated into the belly; for if the wound had gone so deep it would smell of leek. She brought some of this now to Thormod, and told him to eat of it. He replied, 'Take it away, I have no appetite for my broth;' then she took a large pair of tongs and tried to pull out the iron; but it sat too fast and would in no way come, and as the wound was swelled, little of it stood out to lay hold of. Now, said Thormod, 'Cut so deep in that thou canst get at the iron with the tongs, and give me the tongs and let me pull;' she did as he said. * * * Then Thormod took the tongs and pulled the iron out; but on the iron there was a hook, at which hung some morsels of flesh from the heart—some white, some red. When he saw that, he said, 'The king has fed us well. I am fat even at the heart roots;' and so saying he leant back and was dead."

In a subsequent reign, that of Magnus the Good, we are informed that after a great battle: "The King ordered the wounds of his men to be bound; but there were not so many doctors in the army as were necessary, so the King himself went round, and felt the hands of those he thought best suited for the business; and when he had thus stroked their palms he named twelve men, who, he thought, had the softest hands, and told them to bind the wounds of the people; and although none of them had ever tried it before, they all became, afterwards, the best doctors." From them, the chronicle further relates, "very many good doctors are descended." This ordeal of palmistry may be commended to the

Committee on Preliminary Qualifications of the American Medical Association.

Make Haste Slowly.

We give all due credit to the uneasy gentlemen who think they are engaged in the cheerful business of elevating the profession by loud declamation of their desires. But prior to adoption of the methods they wish to see in operation, we commend to them a remark of Lord Bacon: "Neither do I think ourselves yet learned or wise enough to wish reasonably; for as it asks some knowledge to demand a question not impertinent, so it asks some sense to make a wish not absurd."

Acknowledgment.

Thanks are due to our friend, Thomas A. Elder, M. D., of Mifflintown, Penn., for early copies of papers containing the proceedings of the American Medical Association.

Graduates of Medical Colleges for 1870,

Corrected from the *New York Medical Journal* of May, 1870:

Jefferson Medical College, Philadelphia	163
Bellevue Hospital Medical College, New York	140
Rush Medical College, Chicago	131
University of Pennsylvania, Philadelphia	113
University of Louisville, Ky	92
College of Physicians and Surgeons, N. Y	70
University Medical College, New York	62
Nashville Medical College, Tenn	58
Washington University, Baltimore	48
Buffalo Medical College, New York	41
Massachusetts Medical College, Boston	39
Miami Medical College, Cincinnati	37
Albany Medical College, New York	28
Starling Medical College, Columbus, O	24
Chicago Medical College, Illinois	20
Toland Medical College, San Francisco	9

Convention Proceedings.

CONVENTION OF MEDICAL TEACHERS.

[We are indebted to the *Philadelphia Reporter* for the following account, which the interest felt by various persons in the subject induces us to insert, although it is little more than a point in chronology.—ED.]

The delegates from the various medical colleges of the United States assembled in convention on Friday, April 29, in the hall, corner of Tenth and E streets, Washington, D. C.

The object of the convention is to consider the improvements that may be suggested for the system of medical education.

Profs. Bemiss, Stillé, and Moore, were appointed a committee on credentials.

The examination of credentials occupied some time, and it was found that the representation was as follows: New Orleans School of Medicine, Samuel Logan; Howard University, D. C., Robert Reyburn and Silas Loomis; University of South Carolina, A. A. Talley, John T. Darby; Detroit Medical College, E. W. Jenks; Missouri Medical College, J. S. Moore; Chicago Medical College, N. S. Davis; Medical Department Georgetown College, J. H. Thompson; Willamette University, Oregon, Horace Carpenter; University of Louisiana, S. M. Bemiss; Jefferson Medical College, Philadelphia, S. D. Gross; University of Pennsylvania, F. G. Smith, Alfred Stillé; St. Louis Medical College, J. B. Johnson; Washington University of Baltimore, Charles W. Chancellor; University of Louisville, David W. Yandell.

Profs. Cox, Smith, Yandell, Logan, and Davis, were then appointed a committee to nominate officers.

The committee, after a short absence, reported the following named gentlemen, who were unanimously chosen to fill the offices for which they were designated by the committee:

President—S. D. GROSS, of Philadelphia.
Vice President—D. W. YANDELL, of Kentucky.
Secretary—N. S. DAVIS, of Chicago, Illinois.

The minutes of the last convention held at New Orleans were read, and the report of the committee of that convention made the basis for the action of this.

The convention then adjourned till 10 A. M., April 30th.

Additional credentials were presented as follows: Kansas City Medical College, John M. Forrest, A. P. Larkford; Missouri Medical College, A. Hammer; University of Nashville, W. K. Bowling and W. F. Briggs.

Professor N. S. Davis offered several rules for governing the proceedings, which were adopted.

Dr. Davis offered a resolution that the several propositions adopted by the Convention at Cincinnati, in 1867, be taken up separately in the order in which they stand in the printed report. Adopted.

The first proposition taken up is as follows:

First. That every student applying for matriculation in a medical college shall be required to show, either by satisfactory certificate or by direct examination by a committee of the faculty, that he possesses a knowledge of the common English branches of education, including the first series of mathematics, the elements of the natural sciences, and sufficient knowledge of Latin and Greek to understand the technical terms of the profession, and that the certificate presented (of the result of the examination thus required) be regularly filed as a part of the records of each medical college.

Professor Logan offered an amendatory resolution that recommendations to the different faculties of the medical colleges are not binding until ratified by the several institutions.

After some discussion the resolution was lost.

Professor Moore, of St. Louis, moved to strike out all after the words "common education," and said that in institutions not represented here the recommendations would be impossible, and he thought the tendency in the Western institutions would be to close them up. We exclude men from our colleges simply because they are not classical scholars. This was wrong, as in many instances our best physicians are without a classical education.

Considerable discussion ensued, in which Professors Yandell, of Kentucky; Hammer, Davis, Moore, Cox, Loomis, Stillé, and Reyburn, took part.

Professor Hammer moved an amendment to the amendment offered by Dr. Moore, to the effect that the words relating to the Latin and Greek languages be stricken out, and all else retained.

Professor Yandell offered resolutions as a substitute, which, after a protracted debate, were rejected. The amendment to the amendment was withdrawn, and the question recurred on the original resolution, which was debated at length, when a vote was taken and adopted, reconsidering the vote by which Professor Stillé's substitute was lost.

A motion was made to adopt the substitute, when debate again occurred.

Professor Davis advocated the adoption of the substitute, saying that he promised, if the schools of Boston, New York, and Philadelphia, would adopt the recommendations, and put them into operation, that the whole West would follow suit at once. (Great applause.)

The substitute of Professor Stillé was then adopted as a substitute for all the propositions before the convention. It is to the effect, "that the propositions adopted in 1867 by the convention of delegates from medical colleges, embodying a system of collegiate medical education, are in the highest degree commendable, and if they could be generally carried into effect would tend to elevate the medical profession. That the requirements for the degree of Doctor of Medicine must be practically determined by each medical college for itself, by the average attainments of its students, and by other considerations of which it alone can judge, and that, consequently, while abstaining from all attempts at dictation, this convention reiterates in the strongest manner its desire that the several medical colleges will, in the changes from time to time made by them in the curriculum of study, endeavor to conform them to the general plan which was recommended by the convention of 1867, and adopted in the same year by the American Medical Association."

The National Convention of Medical Colleges passed the preamble and resolutions offered by Professor Logan, setting forth that as this convention has failed to secure the assent of the majority of the regular medical colleges of the United States to the sys-

tem of improvement in medical education recommended at its last session, and as it is the opinion of this convention that the best means by which a judicious system of gradual improvement in medical education can be inaugurated by the medical colleges of this country will be found in the associated action of such colleges as will unite for that purpose,

Resolved, First. That a committee of nine be appointed, whose duty it shall be to communicate with the faculties of the medical colleges in the United States, with the view to ascertain how many and which may be willing to become members of an association of medical colleges, having for its prime object the improvement of medical education.

Second. That the chairman of said committee be instructed, as soon as he shall have received affirmative replies from the regular colleges, to inform each faculty so consenting of the fact, and to request that each faculty elect one or more delegates to the convention on the Friday before the day appointed for the meeting of the American Medical Association in 1871, and at the place of meeting chosen by that body, said delegates to be fully authorized to pledge their respective faculties to whatever definite plans of improvement in medical education may be adopted by the body in convention.

Third. It is hereby recommended that said delegates organize themselves, in behalf of their respective institutions, into a permanent association of medical colleges for the above mentioned object, and with the view of co-operating with the American Medical Association and the profession at large to accomplish so desirable an end.

Fourth. That Professor N. S. Davis, the chairman of the committee appointed by this body at its last session to communicate with the medical colleges on the same subject, be made chairman of this committee, and that the committee be authorized to fill any vacancies which may occur in its ranks.

The chair appointed the following as the Committee: Professor N. S. Davis, of Illinois; Samuel Logan, of New Orleans; A. Hammer, of St. Louis; T. Parvin, of Louisville, S. D. Gross, of Philadelphia; G. C. Blackman, of Cincinnati; G. G. Shattuck, of Boston, and A. C. Post, of New York.

The Convention adjourned *sine die*.

THE ILLINOIS STATE MEDICAL SOCIETY.

FIRST DAY—MORNING SESSION.

DIXON, ILL., May 17.

The State Medical Convention held its opening session in the court-house, of this city, on yesterday morning. The meeting was called to order at 10:30 A. M., Dr. G. W. Albin, of Mayo, First Vice-President, in the chair.

Dr. O. M. Everett, chairman of the committee of arrangements, welcomed the convention to the hospitalities of the profession and people of Dixon.

Dr. J. C. Corbus, secretary of the committee of arrangements, read the following list of delegates as present, with the proper credentials: Profs. N. S. Davis and R. N. Isham, Chicago Medical College; Drs. Chas. M. Morse and M. A. McClelland, Military Tract Medical Association; Drs. James Murphy, G. H. Johnson, and James L. Hamilton, Peoria Medical Association; Dr. David Prince, Morgan County Medical Association; Drs. R. G. Bogue and E. L. Holmes, Chicago Medical Society; D. J. Crist, Bloomington Medical Society; Drs. G. W. Phillips and G. W. Havitt, Lee County Medical Society; Dr. G. W. Albin, permanent member from Neoga; E. R. Willard, from De Witt county; R. S. Willard, from Vandalia, Fayette county; Dr. Saml. J. Jones, St. Luke's hospital, Chicago; Dr. Jas. S. Whitmire, permanent member from Metamora; Drs. E. P. Cooke and J. C. Corbus, Union Medico-Pathological Society, from La Salle and adjoining counties; Drs. Chas. Hunt and O. M. Everett, permanent members from Dixon; Dr. M. M. Robins, Fox River Valley Medical Association; Drs. G. L. Monnee and Leland, Medico-Pathological Society of La Salle and adjoining counties; Dr. Edwin Powell, of Rush Medical College; Dr. D. M. Young, Fox River Valley Medical Association; Dr. Samuel C. Plumma, Iowa and Illinois Central District Medical Association; Drs. John P. McClanahan and W. S. Sterling, of the Military Tract Medical Society; Dr. D. E. Foote, permanent member from Belvidere; Dr. D. M. Vosburg, of Earlville.

The following named gentlemen were unanimously elected as members of the State Medical Society: Dr. D. A. Sheffield, of Appleton; Dr. R. W. Shaw, of Ashton; Drs. E. P. Leavors and J. R. Felker, of Amboy; Drs. C. C. Satuner and W. Cohely, of Princeton; also, Drs. Henry E. Payne, D. W. Lowe, G. R. Bradwell, and Charles McAllister.

The reports of standing committees were then called for, and the following reports read by the chairmen of the respective committees: "Drugs and Medicines," "Ophthalmology," "Plaster of Paris in Fractures," and "Otology." They were all referred to the committee on publication.

On motion of Dr. Davis, the annual dues were fixed at $3.

The convention then adjourned till 2 P. M.

AFTERNOON SESSION.

The meeting was called to order at 2 o'clock P. M., Dr. Albin in the chair.

Dr. Everett introduced to the convention, Col. Dement, the mayor of this city, who welcomed them in a neat and appropriate speech, and extended to them the hospitalities of the city. Dr. J. S. Whitmire read a supplementary report on practical medicine, which was referred to the committee on publication, and, as calls for other reports from standing committees were not responded to, the society resolved itself into a committee of the whole on general discussion.

The subject of scarlatina and other contagious diseases was taken up, and the rest of the afternoon devoted to its discussion.

At 6 o'clock the convention adjourned till 8 P. M.

EVENING SESSION.

The convention was called to order at 8 P. M., Dr. Albin in the chair.

The following gentlemen were elected as Permanent Secretaries: Drs. W. Walton, of Ridout, and Thos. Winston, of Foreston.

On motion of Dr. N. S. Davis, Dr. Walton and Dr. W. H. C. Donaldson were placed on the nominating committee to represent Stephenson and Whiteside counties.

The order of business for the evening was then declared to be the discussion of carbolic acid in treating suppurating wounds. Dr. N. S. Davis said it would be important to bring out facts relating to the injurious effects of this treatment, if such could be established. Dr. Young, of Aurora, called on Dr. Bogue, of Chicago, to give his views, who gave way to Prof. Isham. Dr. Isham did not express full faith in carbolic acid. In wounds which were to be cured by primary intention, carbolic acid did not answer the purpose. Where there was coagulation there must be liquefaction, before a course of convalescence could occur. Carbolic acid seemed to be useless in lacerated wounds, attended with compound fractures. Carbolic acid was sometimes very useful as an antiseptic. But another remedy was still more efficacious, namely, a solution of iodine in chloroform. This arrested the course of suppuration. The modifying influences of carbolic acid were confined to its antiseptic qualities.

Dr. Bogue said his experience had not been favorable to carbolic acid. He would never use it with a recent wound. It had no beneficial influence on flaps or stumps, and in lacerated wounds the use of carbolic acid, in his judgment, was no more beneficial than in incised wounds. This remedial agent had had an extensive trial in Chicago hospitals, and had been, in general, a failure. He simply used it as a covering over the dressing. Next to the wound its antiseptic qualities would recommend it simply as an outside covering, not that its contact with the wound would be of any benefit. Its application to stumps, in many cases, had so shriveled the flesh that granulation and cicatrization could not take place. In some cases of large suppurating cavities it might yield some advantage. As to any poisonous effects, as producing pyæmia and the like results, he could give no facts from his own experience.

Dr. Young, of Aurora, said his experience verified that of Drs. Bogue and Isham. He thought he had remarked two cases of blood poisoning, which were aggravated by the direct application of carbolic acid to the wound. In one case that of a man who had his foot crushed by a railroad accident, abscesses formed rapidly in different parts of the body, without any direct swelling of the foot. He feared that the carbolic acid had something to do in contributing to this result.

Dr. Prince, of Jacksonville, thought that the application of carbolic acid resulted unfavorably because it was used in too great strength. The point to be ascertained was, how great strength would kill the animal or vegetable

parasites, and yet not injure the patient. The fact that a part shriveled under its application only proved that the solution was too strong. He used only three or four grains of the crystals to an ounce of water. The hypothesis was that suppuration was aggravated by pus. In a pure state, carbolic acid would arrest the putrefaction, and so far operate to prevent absorption of the poison into the system.

When primary intention was not sought for, but granulation, as following the ordinary organic course of suppuration in the wound, he believed carbolic acid, in a proper degree of strength, would be beneficial, as tending to destroy any vegetable spores which might have settled in the wound. He used chloride of zinc, glycerine, and carbolic acid, mixed together in nearly equal proportions, over the isinglass dressing. He believed that no remedy would have more beneficial results as thus applied. The doctor illustrated his views at considerable length, by examples from his own practice. The remedy was also beneficial, oftentimes, in obstetric practice. There was frequently a laceration of the vagina or uterus, or a lodgment of clotted blood, whose putrefaction would certainly aggravate the danger to the patient. In puerperal fever and in certain inflammations of the throat, he had found the use of carbolic acid highly gratifying in its success. He could not but be enthusiastic in favor of this remedy, as his own use of it had been so uniformly successful.

Dr. John Murphy, of Peoria, said that one of the most remarkable facts connected with the profession was the different results of the same remedies at the hands of different physicians. He regarded carbolic acid as invaluable in the case of recent wounds, in preventing suppuration, or keeping it within healthy bounds. His way of application was by means of sutures not tightly drawn, which gave ample chance for the carbolic acid lotion to be absorbed.

Dr. Isham thought that sometimes enthusiasm for a new dressing caused practitioners to lose sight of principles. He proceeded to argue that chemical decomposition was the logical result of the use of carbolic acid. In ordinary cases, where the system of the patient was healthy, it was not beneficial, but where the system of the patient was vitiated by organic disease, and suppuration in the wound was created with great rapidity, it might be possible that some benefit would be derived. He had no confidence whatever in carbolic acid in wounds which were in process of cure by primary intention.

Dr. Whitmire, of Metamora, contended, in relation to the assertion that carbolic acid was a poison, that there were no absolute poisons in nature, but only relatively so. The use of carbolic acid, as advocated by its friends, was not poisonous, but highly beneficial.

Dr. N. S. Davis thought that carbolic acid was going through the history of all valuable remedies. It had been used to excess in many cases, and was, therefore, regarded by too many now as valueless. If used with moderation and skill, he believed that it could be used to advantage. In clean wounds, through a healthy tissue, he did not believe any application was

beneficial; but in the case of badly suppurated wounds he had much confidence in carbolic acid. When the violence of extreme opinions had subsided on the question of carbolic acid, he felt it would be regarded as a valuable addition to the pharmacopœia. In cases of its medicinal use internally, it had been fortunate in some cases. In a case of morbid sensitiveness of the mucous membrane of the stomach, to enable the latter to bear food, he had found it of much use. Dr. Davis proceeded to describe several instances of a highly interesting nature illustrative of its successful internal use. In cancerous diseases of his experience, he had found the judicious use of carbolic acid very important as effecting relief, and sometimes marked benefit. It was given internally, and also used as a local application; but he had not used it as an injection. He believed it to be a very potent agent in holding such malignant diseases at bay, although he could not say that he regarded it as a complete cure.

After a brief further discussion on this question, the convention adjourned till 9 A. M., to-morrow.

SECOND DAY—MORNING SESSION.

DIXON, Ill., May 18.

The Illinois State Medical Convention held their second day's session on this morning, opening at 9 o'clock. Dr. G. W. Albin in the chair.

The following committees were appointed for the succeeding year:

Surgery—Prof. E. Andrews, of Chicago, chairman; Drs. D. Prince, of Jacksonville, and Webster, of Metamora.

Obstetrics—Dr. DeLaskie Miller, of Chicago, chairman; Drs. John P. McClenahan, of Norwood, and O. Everts, of Dixon.

Drugs and Medicines—Prof. N. S. Davis, of Chicago, chairman; Drs. B. Griffith, of Springfield, and E. Ingalls, of Chicago.

Criminal Abortions—Dr. W. H. Byford, of Chicago, chairman; Drs. Chas. Hunt, of Dixon, and Foote, of Belvidere.

Ophthalmology—Dr. Roman, of Springfield, chairman; Drs. Johnson, of Peoria, and Holmes, of Chicago.

Pulmonary Phthisis—Dr. S. W. Noble, of Bloomington, chairman; Drs. Law, of Dixon, and J. Adams Allen, of Chicago.

Otology—Prof. Isham, of Chicago, chairman; Drs. Winson, of Foreston, and I. F. Frazier, of Fayette county.

The following committees were appointed: On Intestinal Affections, Dr. I. D. Fitch, of Chicago; On the Duties of Society to the Profession, Dr. J. S. Whitmire, of Metamora; On Gleet, Dr. R. F. Higgins, of Vandalia; On Diabetes, Dr. W. D. Stirling, of Warren county; On Results in Fractures, Dr. L. W. Phillips, of Dixon; On Arrangements, Drs. Robert Baul, of Peoria, J. L. Hamilton, of Peoria, Roskoten, of Peoria, S. Maus, of Pekin, and Whitmire, of Metamora.

The following resolution was passed, on motion of Dr. Whitmire, of Metamora:

"*Resolved*, That it is the duty of the Legislature of the State to make such legal provisions as to insure persons who have committed capital crimes, and are acquitted of the same on the plea of insanity, being sent to the lunatic asylum as dangerous members of the community, and that a committee be appointed to procure such action."

The reading of the minutes was dispensed with till the evening session, and the convention proceeded to the regular business.

The following additional names as delegates and permanent members were reported: Professors E. Andrews and H. A. Johnson, of Mercy Hospital, Chicago, and Prof. E. Ingalls, of Rush Medical College, Chicago.

Dr. J. H. Hollister, Treasurer, then presented his annual report, which was substantially as follows:

To balance in the treasury, May, 1869	$ 86.00
Dues paid by 60 of the members at annual meeting in Chicago	240.00
Received by mail from correspondence	80.00
Total	$406.00
Paid out for publishing Transactions of the Society	199.06
Balance on hand	$206.94

Dr. Samuel J. Jones, of Chicago, then made a report on otology, which was, in substance, as follows: In view of the fact that no special report had ever been made on this subject, a cursory view would be given of its history. Instruments had been invented, within twenty-five years, which made the observations of the physician in diagnosis certain and reliable. Until recently, diseases of the ear had claimed but little interest or examination. Sir William Wylde, of Dublin, and Dr. Toynbee, of London, were the first who gave special and successful attention to aural diseases. Germany followed the example of England, and, with that patient research which characterizes her scientific men, she soon made gigantic advances in the science of otology. Inventive genius, when attention was turned to the subject, rapidly provided the lacking instruments. The Doctor here entered into a detailed description of the various instruments which were now in use among aurists, and also gave a list of the best and reliable works on the subject. There were two otological societies—the American and the German societies—which held regular annual meetings. The practical work accomplished had been very great. Many diseases, which formerly had baffled the physician, were now quite within his control.

Dr. Jones concluded with an elaborate and minute description of the principal diseases of the ear.

The report was referred to the committee on publication.

Prof. Holmes, of Chicago, presented a supplementary statistical report on otology. He said that this subject was left mostly to the practice of specialists. The time of preparation for general practice was so short, that few

physicians were willing to give an opinion on severe and obscure diseases of the ear. About one-twelfth of the diseases treated by medicine were diseases of the eye, and the cases of diseases of the ear about one-fifth of those of the eye. During his twelve years of practice in Chicago, he had 9,006 cases of diseases of the eye, and 1,735 cases of diseases of the ear. Of the latter, 1,078 had been treated in hospital practice, and 678 in private. The number of cases under each special classification was given. Dr. Holmes closed his report with a warning to the profession against the use of the nasal douche in case of catarrhal affections of the ear, unless with great care. It should not be so far elevated as to cause a great pressure on the middle chamber of the ear, as thereby inflammation would be produced and the hearing seriously impaired.

Dr. Johnson, of Peoria, cautioned the profession against the use of the instrument known as the "eye sharpener," which has been extensively advertised as a remedy for near-sightedness. He had known cases where the lens of the eye was dislocated, and great extravasation of blood effected through this cause.

Several members of the convention also expressed their objections to the nasal douche on the same grounds as have already been mentioned, giving illustrations of the danger from their own practice.

The additional report of Dr. Holmes was referred to the committee on publication.

Prof. N. S. Davis, of Chicago, presented the preamble and resolutions adopted by the American Medical Association in May, 1869, as follows:

"*Whereas*, The history of medical legislation in the various States of this Union clearly shows that no reliance can be placed on either the uniformity or the permanency of any laws relating to the practice of medicine; and

"*Whereas*, The results of all the efforts made during the last twenty-five years to elevate the standard of medical education through concert of action among the numerous medical colleges of this country, have proved, with equal clearness, that such concert of action, in an efficient manner, is unattainable; therefore, be it

"*Resolved*, That whatever is done to establish and maintain a just and fair standard of medical education throughout our whole country must be done by the profession itself, through its own voluntary organizations, in the same manner that it now establishes and enforces its code of ethics. The profession is as competent to declare, through its representatives in the national, state and local societies, what shall be the standard of attainments for those to be recognized and admitted into its ranks, and to establish the boards or agencies by which compliance with such standard shall be ascertained, as it is to declare what shall be the ethical rules governing the conduct of those already admitted.

"*Resolved*, That this association earnestly request each state medical society to appoint annually one or more boards of examiners, composed of five thoroughly competent members, whose duty it shall be to meet, at suitable times and places, for the examination of all persons, whether graduates of colleges or not, who propose to enter upon the practice of medicine in their respective States, except such as have been previously examined and licensed by a similar board, in some other State.

"*Resolved*, That each state medical society be requested to require its exam-

ining board, or boards, to exact of every applicant, on examination, adequate proof that he has a proper general education; is twenty-one years of age, and has pursued the study of medicine three full years, one-half of which time shall have been in some regularly organized medical college, whose curriculum embraces adequate facilities for didactic, demonstrative, and hospital clinical instruction.

"*Resolved*, That each state medical society be requested to act on the foregoing propositions, at the next regular annual meeting after the reception of copies of the same, and if approved by the state medical societies of two-thirds of the states, this association shall deny representatives from all organizations who longer refuse to comply with the same, and shall recommend the state societies to do the same, and all persons who, after that date, seek to enter upon the practice of medicine without first receiving a license from the state board of examiners, shall be treated ethically as irregular practitioners.

"*Resolved*, That in adopting the foregoing resolutions, by which it is proposed to treat the medical college diploma the same as the diploma of any literary college, this association is actuated by no desire to injure the medical schools of our country. On the contrary, by the adoption of the fourth resolution at the same time that the value of the mere college diploma is practically nullified, it is the desire, and confident expectation, that those institutions will be greatly benefited; because they will be forced to rival each other in the extent and efficiency of their courses of instruction, instead of the number of diplomas which they can annually distribute.

Dr. Davis said the matter was one of great importance in the profession. The facts asserted in the preamble showed a great discord and want of harmony between the different colleges in various states, and that the state laws on the subject were entirely incomplete. Reform had been persistently urged by the American Medical Association in four several meetings. A uniform plan of medical education had been unanimously adopted by the American Medical Association, but it had remained a dead letter. The state of medical education in this country was exceptional, as no other profession contented itself with such fragmentary and imperfect *curricula* of study. Schools of medicine should be organized for instruction and culture exclusively, and not merely as rivals who were competing to attach the title of M. D. to as many as possible, without violating all the canons of educational respectability. Dr. Davis recommended most urgently that the state society should take official action sustaining the action of the American Medical Association. He proposed the following resolutions:

"*Resolved*, That this society cordially approves the propositions contained in the resolutions received from the American Medical Association.

"*Resolved*, That this society approves of the standard of preliminary education agreed upon by the convention of delegates for medical colleges in Cincinnati, in 1867, and approved by the convention in Washington, in May, 1870, except so much as relates to Greek and Latin; and that it is the duty of every state and local medical society to appoint annually a board of canons, whose duty it shall be to examine all who propose to enter upon the study of medicine in their respective districts, and to give a requisite certificate of qualifications; and further, where such board exists, it shall be regarded a violation of the ethics of the profession for any practitioner to receive a student into his office before he has received a satisfactory certificate from such board."

Prof. Ingalls, of Rush Medical College, opposed the passage of the resolutions at considerable length, on the ground that such union was impracticable and undesirable. The requirements of the different states demanded a different specialty of culture oftentimes. A firebrand would be introduced by the passage of these resolutions, that would cause infinite mischief; and he offered the following resolutions in place of the former:

"*Resolved*, That we acknowledge with gratitude and pride the advance the medical profession has made, and is continually making, in knowledge and scientific attainments, and that practical skill which enables its practitioners to combat disease and soothe the sufferings of the sick; and as far as we are able we will discard all personal feelings, and give our approbation and support to such colleges as impart the most thorough, extensive, and earnest teaching."

Dr. Young, of Aurora, attacked the action of the American Medical Association with great virulence, charging upon it that the members had been actuated by unworthy motives. He instanced the fact that colored members had been excluded from its deliberations. He thought that the reform could only be carried out by making a change in the fundamental law, and incorporating the provision in the state and national constitutions. To pass the proposed resolutions merely, would accomplish actually nothing.

Dr. Whitmire, of Metamora, thought the discussion was out of order, as the report of the committee was before the house for action. After remarks by Dr. Davis the question was called, and the report of Dr. Davis was received and referred to the committee for publication.

The committee on nominations made their report, and Peoria was appointed as the next place of meeting.

The following officers were elected for the ensuing year: President, Dr. G. W. Albin, of Neoga; First Vice-President, Dr. John Murphy, of Peoria; Second Vice-President, Dr. J. S. Whitmire, of Metamora; Permanent Secretary, Dr. T. D. Fitch, of Chicago; Assistant Secretary, Dr. J. R. Johnson, of Peoria; Treasurer, Dr. J. H. Hollister, of Chicago. The convention then adjourned till 7 o'clock P. M.

The afternoon was devoted to a delightful excursion and picnic, tendered by the citizens of Dixon, and held on the beautiful ground of Gov. Charters. The seat of Mr. Charters, located on a commanding bluff of the Rock river, about three miles from the town, was thrown open, both house and grounds, to the guests of the city, and a most generous hospitality lavished. A quadrille band was in attendance, and the afternoon was most agreeably spent in the various amusements in vogue on such occasions.

EVENING SESSION.

The evening session was called to order at 7 o'clock, Dr. Albin in the chair.

The following named gentlemen were proposed as permanent members: Drs. W. M. Maul, of Limerick, Bureau county, and J. K. Lewing, of Dover, Bureau county.

Prof. Ingalls, of Rush Medical College, made a brief volunteer report on scarlet fever. Scarlet fever was one of the most fatal in the list of diseases. More than 500 children in the last year, in Chicago, had perished under its ravages. The nature of the cause of scarlet fever he believed to be an organized poisonous germ of some sort not fully known, but resulting in a process of fermentation in the blood. Nothing but an organism would produce its like. This was the case with scarlet fever, so it must be the result of the same living germ. Sometimes atmospheric causes might produce it spontaneously, but in the majority of cases it was by infection. Having thus originated once, the disease was infinitely reproduced. The severity of the reproduction depended on the character of the original germ. In some cases it was severe and virulent, while sometimes mild. As to prevention, the problem had been greatly overlooked by physicians. Many men were ignorant of the fact that scarlet fever was contagious. This ignorance was unpardonable. Much of the extent of the disease was due to this ignorance. Every case should quarantined. It was better and easier to prevent the disease than to cure it. Another means of prevention was ventilation, which diluted the germ, and prevented, to a large extent, its fatal effects. Another means was that of disinfection—an agency not fully appreciated by medical men. The discharge, the air, and the clothing should be thoroughly disinfected. He briefly discussed the cure of the disease. All that was claimed for the cure of scarlet fever was the conduct of it to a safe issue. It could not be checked prematurely. He had no confidence in any special medicine. Oxygen set free in the blood was the best. He preferred chlorate of potash, as modifying the course of the disease. He did not believe in mercurials in any shape. They did positive injury. Cases should not be much purged. If laxatives were used, they should be of the most gentle nature. He would not elaborate much now in regard to the remedies, but would give a full expression of his views in his formal written report for publication.

Dr. Young, of Aurora, differed from Prof. Ingalls. He believed in an active, heroic treatment of this disease.

Prof. Davis thought, as the subject had been discussed, the paper of Dr. Ingalls should be referred to the committee on publication. The motion was carried.

Prof. Powell, of Chicago, gave a brief report of a case of amputation of the hip. He detailed the history of the patient as relating to the disease. The case was treated by perfect rest and warm fomentations of the knee and hip during the incipient stage. An injury received by a fall aggravated the disease, and finally amputation became necessary. When the operation was performed, the patient was nearly skin and bone, emaciated to the last degree. After the operation was performed, the patient was so exhausted that he only breathed four times a minute. That patient was still living, and was now in a fair way of convalescence in the hospital. The point of interest was the propriety of performing the operation of amputation at the

hip-joint in case of caries of the bone. The report was referred to the committee on publication.

The committee on nominations made a further report, as follows: Committee on Criminal Insanity, Drs. A. McFarland, of Jacksonville, J. S. Whitmire, of Metamora, and R. J. Patterson, of Jacksonville; Idiocy, Drs. C. K. Wilbur, of Jacksonville, J. R. Eillane, of Jacksonville, and Harrison Noble, of Heyworth; the Medical Use of Carbolic Acid, Drs. D. C. Law, of Dixon, and John Murphy, of Peoria; Cholera Infantum, Dr. D. W. Young, of Aurora; Membranous Croup, Dr. David Prince, of Jacksonville.

The following were appointed as delegates to the medical societies of adjoining States: Iowa, S. C. Plumba, W. D. Sterling; Missouri, P. Cook, S. P. Breed; Indiana, W. H. Byford, J. P. Ross; Wisconsin, W. C. Lyman, D. C. Foot; Kansas, G. W. Phillips, J. M. Moore, J. S. Whitmire; Ohio, Dr. Chas. Hunt.

The following members were elected as delegates to the National Association: Drs. N. S. Davis, of Chicago; J. O. Hamilton, of Jerseyville; A. W. Young, of Aurora; S. J. Jones, of Chicago; E. Ingalls, of Chicago; R. J. Higgins, of Vandalia; —— Johnson, of Peoria; E. Powell, of Chicago; R. Isham, of Chicago; W. W. Winn, of Dixon; H. A. Johnson, of Chicago; G. J. Monroe, of Leland; J. S. Whitmire, of Metamora: Moses Gunn, of Chicago; D. J. Crist, of Bloomington; M. M. Robbins, of Aurora; M. W. Walton, of Ridout; C. G. Amity, of Chicago; J. M. Morse, of Galesburg; J. M. Ainsley, of Galesburg; J. P. McClanahan, of Galesburg; G. W. Heath, of Franklin Grove; and E. P. Cook, of Mendota.

On motion of Dr. Young, the thanks of the society were voted to the mayor, common council, and citizens of Dixon, for the magnificent reception accorded them.

The resolutions offered by Prof. Ingalls in the morning were, by a vote of the society, appended to the report of Prof. Davis.

On motion of D. P. Cook, of Mendota, it was resolved that a committee should be appointed to urge upon the legislature the necessity of an official registration of births, marriages, and deaths, for the State, and that Dr. Rauch, of Chicago, should be the chairman of the committee. Dr. David Prince, of Jacksonville, and H. A. Johnson, of Chicago, were appointed as his associates.

On motion of Dr. Samuel Jones, of Chicago, it was voted that a unanimous vote of thanks should be given to the presiding officer of the society for the able manner in which he had discharged his duties.

Dr. Albin made a short speech, acknowledging the kindly feelings of the society. The society then adjourned till the third Tuesday in May of 1871.

INDIANA MEDICAL SOCIETY.

INDIANAPOLIS, Ind., May 18.

The Indiana Medical Society concluded its session to-day. All persons desiring to be members were requested to pay $2 before participating in the proceedings. Various papers were read upon medical questions. The following officers were elected: President, Dr. R. N. Todd; Vice President, J. N. Rosenthall, of Fort Wayne; Secretary, G. V. Woolen; Assistant Secretary, Dr. W. J. Elstun; Treasurer, J. H. Woodburn; Librarian, A. W. Davis. A committee of one from each congressional district was appointed to collect and collate facts relating to the health of their different localities, medical statistics, etc. Delegates to the American Medical Association were appointed. The next meeting of the society was fixed for the second Tuesday in June next. The President appointed the standing and special committees for the ensuing year. Adjourned.

TWENTY-FIRST ANNUAL CONVENTION OF THE AMERICAN MEDICAL ASSOCIATION.

FIRST DAY.

The twenty-first annual convention of the American Medical Association met in Lincoln Hall, Washington, on Tuesday, May 3rd.

At the last annual meeting of the association it was determined to hold their convention in Washington every alternate year, and at other places as may be agreed upon in convention. The last convention was held at New Orleans. The general meetings of the association are restricted to morning sessions, the afternoon sessions will be devoted to the hearing of reports, reading of papers, and their consideration in the following sections:

First—Chemistry and Materia Medica.
Second—Practical Medicine and Obstetrics.
Third—Surgery and Anatomy.
Fourth—Meteorological Medical Topography and Epidemic Diseases.
Fifth—Medical Jurisprudence, Hygiene and Physiology.
Sixth—Psychology.

Each section is to choose its own officers, and make its own rules of order.

The convention was called to order at 11 A. M., by the President, George Mendenhall, of Ohio; William B. Atkinson, of Philadelphia, Secretary.

Professor F. G. Smith, of Pennsylvania, L. A. Sayre, of New York, Warren Stone, of Louisiana, and J. S. Moore, Vice Presidents, took seats on the stage beside the President. The Ex-Presidents of the Society also took seats on the stage.

The Rev. Dr. Boynton then opened the convention with a fervent prayer.

The President then announced that the report of the Committee of Arrangements would be read.

Dr. Antisell, chairman of that committee, then delivered a speech of welcome, expressing himself as gratified in seeing so full a representation.

The reports of the old committees were made, and referred to the proper sections.

The committee then presented the following programme:

Programme for Evenings of May 3, 4 and 5.

Tuesday—Reception by the President of the United States, at 8 P. M.

Wednesday—Reception by the Surgeon General, at the Army Medical Museum, from 7 to 10 P. M.; surgical lecture, in the lower hall, at 8 P. M.; microscopical lecture, in the lower hall, at 8.45 P. M.

Thursday—Exhibition of the illumination of the Capitol dome, at 8 P. M.; reception by the Mayor of Washington, Hon. S. J. Bowen, at 9 P. M.

The Secretary then read the roll of membership.

The Committee on Credentials submitted a majority report, which excluded delegates from the National Medical Society of the District of Columbia, American Academy of Medicine of the District of Columbia, Howard University Medical College, Alumni Association of the medical department of Georgetown College; also, the three city hospitals, because they consult with colored physicians.

Dr. Robert Reyburn, chairman of the Committee on Credentials, submitted a minority report. He began by remarking that the committee had disgraced itself, and lowered itself to the level of a political caucus.

Dr. Davis, of Chicago, called the gentleman to order.

On motion, the report was accepted and referred to the Committee on Ethics, with instructions to report at their earliest convenience.

Dr. Tucker, of California, then moved that so much of the majority report as affected the minority report be referred to the Committee on Ethics.

Dr. Stewart, of the District of Columbia, then presented a protest to the majority report of the Committee on Credentials; which was also referred to the Committee on Ethics.

Dr. Busey, of the District of Columbia, presented a protest, signed by many physicians, against the admission of Dr. C. C. Cox, of Maryland, as a representative from that State; which was referred to the Committee on Ethics.

Dr. Davis, of Illinois, said if they, at this stage of the session gave members the right of discussion on non-important points, that there would be no time for business. He hoped, therefore, that no discussion would be allowed until the regular committees had reported.

Dr. Martin, of Massachusetts, said that as a majority of the delegates of Massachusetts had been excluded for some unexplained cause, he therefore moved that the subject be referred to the Committee on Ethics. It was so referred.

Dr. Davis moved that all questions pertaining to the right of institutions, hospitals, colleges and private persons, as to their admission into the convention, be all referred to the Committee on Ethics. The motion prevailed.

Dr. Davis then moved that the meeting proceed with the regular order of business. Carried.

A number of members were then accepted by invitation.

The reading of letters and telegrams from absent members was next in order.

Dr. Lewis A. Sayre, chairman of the Committee on Ethics, and one of the vice presidents of the association, said a pamphlet had been published and circulated by one Dr. Ruppaner, and asked that the subject be referred to a special committee.

Dr. Davis moved that the chair appoint a new Committee on Ethics for the ensuing year, to which this subject might be referred. Carried.

The following gentlemen were appointed: Alfred Stille, New York; N. S. Davis, Illinois; J. N. Keller, Kentucky; H. P. Askew, Delaware; J. J. Woodward, U. S. Army.

The convention then took a recess of five minutes.

After the reassembling of the convention, the President read his annual address.

It was moved that the thanks of the association were due to the president for his able address, and that a copy be requested for publication. Carried.

The next business was the report of special committees and presentation of papers.

The committees for the year 1869 made their reports, and some of which were continued and others discharged.

Dr. T. Antisell, District of Columbia, then read a report on veterinary colleges, which was referred to the Committee on Printing.

A number of the members then proposed to change the place of meeting, as the acoustic properties of the hall were such, combined with its size, that it was impossible to hear what was going on.

The motion was withdrawn after some debate, in order that a number of papers might be referred to the proper committees.

The association, at 2 P. M., took a short recess for the purpose of choosing permanent State nominating officers.

After reassembling, the Chair announced the following gentlemen as Committee on Nominations: Alfred Stille, N. Y.; Dr. G. C. B. Nottingham, Mass.; H. F. Askew, Del.; H. Carpenter, Oregon; S. C. Busey, D. C.; J. A. Murphy, Ohio; C. M. Carleton, Conn.; E. W. Jenks, Mich.; J. Rea, Ind.; R. Z. Michel, Ala.; E. P. Lankford, Mo.; A. N. Talley, S. C.; J. E. Manlone, Tenn.; J. L. Atlee, Penn.; S. M. Beamis, La.; J. N. Keller, Ky.; J. J Cockrell, Md.; C. A. Lee, N. Y.; G. S. Palmer, Maine; F. J. Haywood, Jr., N. C.; G. C. McGregor, Texas; H. Nance, Ill.; —— Haxall, Va.: O. Bullock, R. I.; —— Barber, Iowa; A. B. Stuart, Minn.; M. Creeg, U. S. A.; —— Steinriede, Miss.; Dr. H. W. Brock, W. Va.

Dr. C. C. Cox, of Maryland, moved that the name of Dr. Busey, of the District of Columbia, be stricken out of the list of delegates until such time

as the Committee on Ethics should report relative to the District of Columbia.

Dr. Busey said that Dr. Cox was not a delegate from Maryland.

A vote being taken on the motion of Dr. Cox, it was lost.

There was much discussion on this subject, when it was moved that the delegates of the District of Columbia find a room in which to fight out their battles. [Laughter.]

The Secretary then announced that the nominating committee would meet in the prayer room at 4 P. M.

SECOND DAY.

The Convention was called to order at 9.30 on Wednesday morning by Prof. George Mendenhall, President; William B. Atkinson, Secretary.

On motion, the reading of the minutes was dispensed with.

Dr. Gross, of Philadelphia, said that it was his opinion that they should have a social reunion annually, to be held on the 3d day after the convening of the association. He therefore moved that the social reunion be held at the Arlington House this evening, at 8.30 P. M. Carried.

A committee of five was appointed to make arrangements for the social.

Dr. T. Antisell, of the District of Columbia, then read a list of members by invitation.

Dr. Alfred Stille, of the Committee on Medical Ethics, then read a partial report relative to the Massachusetts Medical Society, by which their delegates were admitted to seats in the Convention, and recommending them to eject from their society all who were not what is considered by the association as regular practitioners.

Dr. Beamis, on the part of the nominating committee, made a report of the number of States represented.

On motion, the paper read by Dr. Antisell on Tuesday was reconsidered.

Dr. —— offered a motion that the subject be referred to a committee of three; it was so ordered.

The Secretary read a paper charging Dr. C. C. Cox with a violation of the code of ethics; which was referred to the Committee on Ethics.

Dr. Cox endeavored to explain, but was forced to desist on account of the noise.

On motion, five minutes were given to Dr. Cox to make an explanation. He said that he had bought a license from the Medical Association of this city, but he had never received the said license; that was the reason why he was not a member of the Medical Society. And further, that he had never importuned any Senator on any subject whatever, as had been charged upon him.

Dr. Palmer asked leave to make an explanation, but the association would not hear him.

Dr. Davis, of Illinois, hoped that no discussion would be allowed.

Dr. Antisell reminded the association that they were to be entertained this evening by Mayor Bowen.

Dr. W. H. Mussey, of Ohio, then offered a resolution that the Committee on Ethics be instructed to meet and report immediately upon the subject of the admission of members now before them. Not approved.

Dr. Loomis, of Delaware, offered a resolution that all the members from the District of Columbia be admitted. He had been a member of a college that graduated negroes, and that was the reason why he was not admitted. The resolution was not concurred in.

Several members objected to any persons voting who were not members.

A division was called for, and the resolution of Dr. Loomis was lost by a vote of 107 yeas to 142 nays.

Dr. Cox, of Maryland, moved that no delegates from the District be admitted until the Committee on Ethics report. Carried.

Dr. Yandell, of Kentucky, moved that the Medical Society of the District of Columbia be blotted utterly out from the map of the Medical Association.

Dr. White, of New York, protested against any such motion, and moved that the motion be laid upon the table. Carried. [Confusion.]

Dr. F. G. Smith, of Pennsylvania, chairman of the Committee on Printing, made a report giving a detailed account of the work of the committee for the past year. The work, he thought, had been very satisfactory, and the committee deserved the thanks of the association. The report was received.

An amendment was made to the report, that all the matter hereafter ordered to be printed be stereotyped.

Dr. Gross, of Pennsylvania, made an amendment to the amendment, that the transactions of the association be published in an American medical journal, issued monthly.

Dr. White, of New York, called for a division.

Dr. Stewart moved a reconsideration. Carried.

After some further debate, the original report was received, and the amendment of Dr. Gross referred to a special committee of five. The whole was then referred to the special committee above named.

The Secretary then submitted the annual report of the Treasurer, which was referred to the Committee on Publication.

A communication was then read from the British Medical Association to Dr. Gross, complimenting the American Association upon its success. Referred to the Committee on Publication.

Dr. T. Antisell here arose to a question of privilege. He then read from a pamphlet, the subject of which had been taken from the *Chronicle* of Wednesday. He denounced the statements referred to as unfounded in fact, and objected to the circulation of any paper whatsoever, and particularly any of a political import, in the hall.

Dr. Davis, of Illinois, moved that hereafter all papers be excluded from the hall. Carried.

The regular business was then taken up.

Dr. R. Reyburn, of the District of Columbia, from the Committee on Library, then read the annual report of the Librarian. Received, and referred to the Committee on Publication, and the bills ordered to be paid.

Dr. Sayre, chairman of the Committee on Ethics for 1869, moved that all papers in the hands of the old committee be referred to the new committee, and the old committee be discharged.

Dr. T. Antisell, of the Committee of Arrangements, then made a report of the members who have arrived since the opening of the convention.

The Committee on Medical Literature (Dr. J. J. Woodward, United States army, chairman,) submitted a report, which was referred to the Committee on Publication.

Dr. Birch, of New York, moved that the motion of Dr. Gross, in reference to a supper to be given at the Arlington, be reconsidered. Carried and tabled.

Dr. C. C. Cox, chairman, submitted a report from the Committee on Medical Necrology. Referred to the Committee on Publication.

Dr. Moore, of Missouri, United States army, presented the following resolution:

"*Resolved*, That no medical man shall deliver an efficient course of lectures under a price to be decided by this association."

Dr. Moore said that the irregular practices of the Western colleges imperatively demanded some such action, to save the profession from disgrace, and if they adopted the resolution they would elevate the profession to its proper standard.

Dr. Davis, of Chicago, opposed the resolution. He thought it was impracticable for the association to fix a standard of charges for the medical colleges of the country. He did not wish the association to vote against the resolution; but he wanted appended to it a law, stating what should be considered the standard of work to be done for the money paid.

Dr. Moore, of Missouri, said his object was to fix a minimum price. Those colleges which had the grade might charge as much as they pleased. The doctor claimed that this course would promote competition, and would so elevate the standard of colleges, and make more uniform what is termed an efficient course of lectures.

Professor McNaughton, of New York, spoke against the resolution.

Dr. Selden moved that $100 be the sum named to fill the blank left in the resolution offered by Dr. Moore.

The motion was then put in the form of a resolution which excluded any or all delegates from colleges who received a less fee than $100.

An amendment was made, to include the Alumni of such institutions.

Dr. Yandell, of Kentucky, spoke to the resolution at length, opposing any fixed price as detrimental to the progress of the profession. He contended that circumstances altered cases, and prices also. Dr. Yandell then

touched upon the standard of education. He was in favor of English, but opposed to Latin and Greek requirements.

The remarks of Dr. Yandell were listened to with the greatest attention.

It was then moved that the resolution be laid on the table; which, after some further discussion, was so ordered.

Dr. Sullivan, of Massachusetts, moved that the action of this association should be made final for five years from this date.

Dr. Johnson, of Missouri, revived the question of stated fees, and spoke at some length in favor of the said fees being regulated by the American Association. They had tried a convention of colleges, that they might help themselves, but they would not do it. He therefore hoped that the association would take the matter into its own hands.

After some further discussion, the motion of Dr. Sullivan was laid on the table.

Dr. Collins, of Massachusetts, presented the following resolution: "That the charge for medical examination for life insurances should be not less than $5." Adopted.

Dr. Horner, of Virginia, introduced a resolution regulating physicians' fees. Rejected.

Dr. Sullivan, of Massachusetts, presented a resolution to the effect that the Medical Association have power to control medical education throughout the United States. Passed.

Dr. D. A. O'Donnelly, of Maryland, offered a resolution that a committee of three be appointed to report on the evil of abortion, in a proper light, to the society, and to consider some means whereby to expel all such as practiced abortion from the association. And further, denouncing in the most unqualified manner, all who indulged in this abominable practice. Passed.

The Committee on Nominations then reported the following named officers for the ensuing year:

President—Alfred Stille, Pennsylvania.
Vice-Presidents—J. S. Wetherly, Alabama; Henry Gibbons, California; J. T. Hurd, Texas; Samuel Willey, Minnesota.
Assistant Secretary—Dr. J. C. Tucker, of California.
Treasurer—Dr. Casper Wister, of Pennsylvania.
Librarian—Dr. F. A. Ashford, District of Columbia.
Committee of Arrangements—Chairman, Dr. A. N. Sawyer; J. C. Tucker, Shurtleff, Holman, Murray, U. S. Army; Simmons, Cal.; Carpenter, Oregon; Morrison, Nevada.
Committee on Publication—Drs. F. G. Smith, Pennsylvania; W. B. Atkinson, Pennsylvania; J. C. Tucker, Cal.; F. A. Ashford, District of Columbia; Casper Wister, Pennsylvania; H. F. Askew, Delaware; William Mayberry, Pennsylvania.
Committee on Prize Essays—T. M. Logan, California, chairman; H. Gibbons, H. H. Toland, Beverly Cole, Cooper Lane, Cal.

Place of meeting, San Francisco, California.

Time of meeting, first Tuesday in May, 1871, at 11 A. M.

The report was received and adopted, and a resolution passed that its next place of meeting be at San Francisco, on the first Tuesday in May, 1871.

The Secretary presented a number of communications on various subjects, which, after reading, were referred to appropriate committees, with instructions to report at the next annual meeting.

Dr. Maddox inquired of the Chair what disposition had been made of the delegates from the District of Columbia, and asked information relative to their right to seats in the association.

The Chair informed him that all the delegates from the District of Columbia had been excluded.

Dr. Maddox then moved a reconsideration of the vote by which the District of Columbia delegates were excluded.

The motion was not considered, as the whole matter had been referred to the Committee on Medical Ethics.

The association then took up the consideration of the constitution, to which several amendments were proposed.

Before proceeding to vote on the constitutional amendments a resolution was offered which excluded from seats all delegates who had received appointments from permanent medical colleges, hospitals, lunatic asylums, and from the American Medical Society, at Paris, France; that those only should be admitted who had received their appointments from some society in good standing.

A motion was made to lay the resolution on the table.

It was also moved that members "by invitation" be excluded.

Considerable discussion ensued upon the resolution and the motion, when, on motion of Dr. Hibbird, the whole matter was postponed for further consideration.

Dr. Alfred Stille, of Pennsylvania, chairman of the Committee on Ethics, submitted a partial report, recommending that Dr. C. C. Cox be admitted as a delegate from Maryland, as the charges brought against him were too vague to receive the consideration of the committee.

Dr. Keller, of Kentucky, submitted a minority report from the Committee on Ethics, recommending that Dr. C. C. Cox should not have a seat as a representative from Maryland, as he was a resident of Washington; and moved its adoption.

After considerable discussion, the majority report was adopted.

The Secretary then read the titles of a number of papers for the consideration of the several sections; after which the Convention adjourned to 9 A. M.

VISIT TO THE MEDICAL MUSEUM.

In the evening the association met, according to programme, in the United States Army Medical Museum, on Tenth street. The entire association, members and delegates, were present, many of whom were accompanied by ladies. The early part of the evening was spent in examining the objects of interest in the museum, which was highly praised by the visitors.

At 8 o'clock the association adjourned to the lower hall, from which the desks had been removed and accommodations made for the comfort of those

present to listen to lectures from Drs. Otis and Woodward, of the United States Army.

Dr. George Otis was the first speaker. His lecture was on the Excision of Joints, from wounds, of which he exhibited many illustrations, in which the operations made had been successful and the patients recovered. The lecture of Dr. Otis was of great interest, and was listened to with much attention.

Dr. J. J. Woodward then followed with a lecture on "Electric Lights," in which he illustrated the power of the artificial lights over the sunlight for micro-photography. Dr. Woodward was frequently interrupted by applause, as the excellence of the illustrations impressed the audience.

After the lecture of Dr. Woodward the audience adjourned to the museum, where the examination of the specimens continued until a late hour.

It is proper to state in this connection that the Medical History of the late War, as prepared by Drs. Otis and Woodward, is nearly completed. The history, when completed, will be the largest ever compiled.

MINORITY REPORT OF THE COMMITTEE ON CREDENTIALS.

The following is the minority report of the Committee on Credentials, as read before the association at its opening session:

The undersigned respectfully protest against the admission to the approaching session of the American Medical Association of the delegates from the Medical Society of the District of Columbia, for the following reasons, viz.:

These delegates represent a society which, in open defiance of the ethics of the American Medical Association, for the fee of ten dollars, issues licenses to practice medicine in the District of Columbia to homœopathic and other irregular practitioners.

This society is also irregular, and violates the ethics of the American Medical Association by claiming and exercising the power to grant licenses to practice medicine in the District of Columbia to persons who are not graduates of any respectable medical college, for the fee of ten dollars.

The undersigned also respectfully protest against the admission to the next session of the American Medical Association, of the delegates from the so-called Medical Association of the District of Columbia, for the reason that said association is composed of the same individuals that form the Medical Society of the District of Columbia; in fact, it only settles the fee bill and local ethics of the medical profession of the district, and can in no sense be called a medical organization entitled to representation in the American Medical Association.

No medical papers, essays, or pathological specimens are printed at its meetings, and it is in fact only an ingenious device by which the Medical Society of the District of Columbia is enabled to duplicate its number of delegates in the American Medical Association.

The undersigned also respectfully calls attention to the number of delegates claiming to represent the medical profession of the District of Columbia. The total number of regular physicians in the district is about two hundred, which would give about twenty delegates, and yet it will be seen that the District delegates number about sixty-four, which is evidently unfair, and gives the District a much larger representation than it is justly entitled to.

The undersigned, having already filed a written protest with the Committee on Credentials, for the reasons above given, respectfully recommends that the following gentlemen, delegates from the Medical Society of this city, be refused admission to the approaching session of the Association, viz.: R. K. Stone, T. Miller, J. C. Hall, G. W. Bulkley, A. B. Drinkard, W. G. Palmer, T. A. Ashford, W. W. Johnson, J. T. Young, S. C. Busey, J. M. Toner, W. P. Johnson, T. Antisell, C. E. Hagner, A. F. A. King, M. V. B. Bogan, W. H. Combs, D. W. Prentiss, and W. E. Roberts.

For reasons as above he respectfully recommends that seats also be refused in the approaching session of the association, to the following-named gentlemen, delegates from the so-called ½edical Association of the District, viz.: C. H. Lieberman, D. K. Hagner, William Lee, J. C. Riley, Grafton Tyler, W. Butt, Joseph Walsh, N. S. Lincoln, J. W. H. Lovejoy, Thomas F. Maury, Louis Ritchie, W. H. G. Newman, Armsted Peter, H. B. Triste, Aaron Miller, and George R. Miller.

The undersigned reports favorably upon the credentials of, and recommend that seats be granted to, the following-named gentlemen, delegates representing the various societies and medical institutions of the District, viz.:

From the Alumni Society, Georgetown College—W. Evans, E. McNally, F. O. St. Clair, G. A. Fitch, R. S. L. Walsh, Charles Allen.

Columbia Hospital, Washington, D. C.—J. H. Thompson.

Georgetown College, D. C.—Johnson Elliott, Noble Young.

Section of Medicine and Hygiene, American Academy of Literature, Science, and Art—W. D. Stewart, D. W. Bliss, T. B. Hood, G. T. Johnson.

Small-pox Hospital, D. C.—A. T. Augusta.

Washington Asylum—S. H. McKim.

Freedmen's Hospital—Charles B. Purvis, B. G. Glennan.

Howard University Medical College, D. C.—S. L. Loomis, R. Reyburn.

National Medical Society, Washington, D. C.—H. W. Sawtelle, A. W. Tucker, J. E. Mason.

Clinopathological Society—H. A. Robbins, O. M. Muncaster.

National Medical College, D C.—A. Y. P. Garnett, J. F. Thompson.

Providence Hospital, D. C.—G. M. Dove, C. M. Ford.

The undersigned, in conclusion, respectfully protests against the arbitrary and illegal conduct of the majority of the members comprising the Committee on Credentials, in refusing credentials to delegates from medical institutions which have been heretofore represented in the American Medical Association, and apparently objecting to them solely on partisan and political grounds.

ROBERT REYBURN, M. D.,
Member of Committee on Credentials, American Medical Association.

THIRD DAY.

The convention was called to order at 9:30 A. M. President Mendenhall in the chair; William B. Atkinson, Secretary. The reading of the minutes was, on motion, dispensed with.

Dr. Antisell then read the names of a number of gentlemen who were admitted as members on invitation.

Dr. Sayre asked that a committee be appointed to examine the charges circulated against him through the country. He requested that a special committee be appointed, to report on the matter at this session.

Dr. —— said that there being a difficulty between Drs. Sayre and Ruppaner, he objected to any committee being appointed, because the other party was absent.

Dr. Murphy, of Ohio, moved that the whole matter be referred back to the society at New York.

Dr. Sayre said it was due to the association that these charges be looked into.

Dr. Murphy said that the reputation of Dr. Sayre was not damaged in this society, and he therefore insisted on his motion.

Dr. Keller, of Kentucky, reported on the part of the Committee on Ethics, that that committee had been forced by the press of work to return the papers in the case of Dr. Sayre for the further consideration of the association.

Dr. Maddox moved that the whole matter be laid on the table. It was so ordered.

Dr. Yandell then moved that the delegate that had been sent as a representative to the British Medical Association be heard.

Dr. Pinkney, United States Navy, representative of the American Association in England, made a long and interesting report of his visit, and observations on the medical schools of Britain. The report was listened to with much attention throughout.

A vote of thanks was tendered Dr. Pinkney, and the report referred to the Committee on Publication.

Dr. F. G. Smith, of Pennsylvania, chairman of the Committee on Nomenclature, submitted a report of the names of diseases, accompanied by a resolution recommending the adoption of the nomenclature of diseases prepared by the Royal College of Physicians at London.

Dr. Underhill, of New York, also read a paper on the same subject, which was laid on the table.

The resolution recommended by the committee was discussed at some length by Drs. McDaniels, of Alabama, Logan, of Louisiana, and others, who all held that revision of the nosological tables now in use was imperative.

The report, with resolution as recommended, was adopted.

Dr. C. C. Cox offered a resolution, which was adopted, for the appointment of a special committee to wait upon the Surgeon General of the United States, and to request the privilege of duplicating the photo-microscopic slides of the tissues so admirably executed by the indefatigable industry and skill of Surgeon J. J. Woodward, to be prepared under the direction of said committee, and distributed at a fair price to such medical colleges and institutions as may desire their use.

Dr. Beamis, of Louisiana, from the committee on nominations, reported the additional standing committees for the ensuing year, which report was adopted.

Dr. Antisell offered a resolution of thanks to the Surgeon General, United States Army, for the beautiful and instructive exhibition of last evening,

and recommending Dr. Woodward and Dr. Otis to the consideration of the Secretary of War as worthy of promotion for their efforts to advance medical education in the military service.

Dr. C. C. Cox then offered a resolution of condolence with the family of the late Alden March, of New York, and that a copy of the same be sent to Dr. Alden March's bereaved family. The resolution was concurred in.

Dr. Steine, of New York, offered a resolution that the State and county authorities be requested to aid in the support of veterinary colleges in in each of the States, by appropriations or otherwise. Adopted.

Also, that one or more veterinary surgeons be associated with other physicians in the boards of health when they are appointed by the Governors. Lost.

Also, that veterinary surgeons be appointed to the army, with the rank of full surgeons, and also in the Agricultural Department.

Dr Otis moved, as a substitute, that the first clause, relating to appointments of veterinary surgeons to the United States army, be stricken out, and that the government appoint a veterinary surgeon to the Agricultural Department, with a suitable salary. Adopted.

The hour for special business having arrived—

Dr Storn, of Boston, moved, upon behalf of the Gynæcological Society of that city, that the action of the association in 1869, condemnatory of cards by specialists in journals of a strictly medical character, should be rescinded, upon the ground of abstract right and long custom with reference to the insertion of such cards. Tabled.

A resolution was offered that a committee of three be appointed, to wait upon Congress, and request them to regulate the quarantine laws. Adopted.

The report from the delegate to the Canadian Medical Association was received, and referred to the Committee on Publication.

The report of the Committee on Communications was adopted, and the committee continued.

Dr. Stewart, District of Columbia, offered a resolution that gentlemen not members of the association were not eligible to serve on its committees. Tabled.

A resolution was offered, regulating the duties of superintendents of hospitals. Adopted.

A resolution was offered and adopted in relation to certain so-called medical works that had been published which were injurious to the reputation of the profession, as follows:

"*Resolved*, That any person signing his name as author of such work shall be refused membership in this association."

Dr. Jones, of the District of Columbia, submitted a tabular statement relating to the medical institutions and colleges throughout the country, embracing much valuable and interesting information, which, after being read, was referred for publication.

It was resolved that at the future meetings of the association a dinner should be given on the third day of the convention, at the expense of the members eating the dinner.

Dr. Mussey, of Ohio, offered the following:

"*Resolved*, That that clause in the by-laws which provides that every alternate meeting of the association be held at Washington be repealed, and that in the future the place of meeting should be determined at each session of the association."

The resolution was concurred in.

Dr. Kerwin, of Pennsylvania, then read a lengthy report on the treatment of the insane, which was received and referred to the Committee on Publication.

Dr. White, of Buffalo, offered a resolution that the different medical schools of the country establish chairs on mental disorders. Adopted.

The Committee on Prize Essays submitted a report, which was adopted.

A resolution was offered that a committee be appointed to report what, if any, legislative means could be taken to prevent the spread of epidemic diseases. Adopted.

Dr. C. C. Cox inquired if the Committee on Ethics would make any further report on the weighty matters before them.

Dr. Antisell called attention to a paragraph from the *Chronicle* of yesterday morning, charging the Committee of Arrangements with certain actions that should be denounced by the association. He denied the charges, and asked the association to sustain the committee in its action.

On motion, it was decided to postpone the further consideration of the subject until after the report of the Committee on Ethics had been received.

Dr. N. S. Davis, of Illinois, then submitted, on behalf of the majority of the Committee on Ethics, the following

REPORT.

It appears that the matters reported to your Committee of Registration, and so much of the action of the majority of same committee as relates to the same subjects, embraces the three following subjects:

First. A charge that the majority of the Registration Committee had refused to register the delegates presenting credentials from several societies, colleges and hospitals in the District of Columbia, which claimed the right to representation.

Second. Direct charges against the Washington Society and the Medical Association of the District of Columbia, accompanied by a protest against the admission of delegates for those bodies.

Third. Direct charges, which had been lodged with the Committee of Registration, against the National Medical Association of the District of Columbia, accompanied by a protest against the registration of delegates from that society, and from such other institutions as were supplied with medical officers who were members of that society.

In regard to the first charge, your committee find on investigation that the Registration Committee have duly registered all the delegates from all the medical institutions claiming representation in the District of Columbia, in accordance with the usages and by-laws of the association, except the Medical Society of the Alumni of Georgetown College, the National

Medical Society, the Howard Medical College, the Freedman's Hospital, and the Small Pox Hospital, these being the institutions included in the charges already mentioned in the third specification.

It remains, therefore, only to consider the second and third specifications, and your committee ask leave to report on these separately. In relation to the second we unanimously recommend the following resolutions:

"*Resolved*, That the charges offered by Dr. Reyburn, as a minority of the Committee on Registration, against the Medical Society and the Medical Association of the District of Columbia, are not of a nature to require the action of the American Medical Association, the first charge referring to a duty imposed on the society by an Act of Congress, and the second referring to a matter which does not come in conflict with any part of the code of ethics.

"*Resolved*, That so far as relates to the Medical Society of the Alumni of Georgetown College, it has been shown to us that the society has sixty resident members, and is therefore entitled to six delegates instead of as requested by the committee."

In regard to the third proposition relating to the National Medical Society, Howard University Medical College, the Freedman's Hospital, and the Small Pox Hospital, we recommend the following:

"*Resolved*, That the duties of the Committee of Arrangements, so far as relates to the registration of members, is purely clerical, consisting in the verification of the certificates of delegates and a report on the same. If credentials in proper form are presented from any society or institution professing such few as would place it *prima facie* in the list of institutions enumerated in the constitution of the association as entitled to representation, but against which charges have been made or protests presented, the names of the delegates presenting such credentials, together with the charges or protests in the possession of the committee, should be represented to the association for its action.

"*Resolved*, That the charges lodged with the Committee of Arrangements against the eligibility of the National Medical Society of the District of Columbia have been so far sustained that we recommend that no member of the society should be received as delegates at the present meeting of this association."

N. S. DAVIS.
H. F. ASKEW.
J. M. KELLER.

Dr. Alfred Stille, of Pennsylvania, then submitted the following as a

MINORITY RERORT.

The undersigned, members of the Committee on Ethics, while subscribing to the greater portion of the report of the majority, feel it their duty, nevertheless, to dissent from the final resolution recommending the exclusion of the members of the National Medical Society of the District of Columbia from the present meeting of this association; they offer, therefore, in lieu of that resolution, the following:

"Whereas the institutions excluded from representation by the action of the Committee on Credentials, viz.: The National Medical Society, the Howard Medical College, the Freedmen's Hospital, and the Small-pox Hospital, are regularly organized as the constitution of the association requires; and whereas the physicians so excluded are qualified practitioners of medicine who have complied with all the conditions of membership imposed by the association; and whereas, in the judgment of the undersigned, no sufficient ground exists for the exclusion of such institutions and physicians from this association: therefore,

"*Resolved*, That the institutions above named are entitled to representation, and that the physicians claiming to represent them are entitled to seats in the American Medical Association."

ALFRED STILLE.
J. J. WOODWARD.

Motions were made to accept and reject the different reports, when, amid the greatest excitement, the yeas and nays were called for.

Dr. Howard, of the District of Columbia, asked who of the District were entitled to vote.

The chair then decided that those gentlemen were entitled to vote who had been unanimously admitted by the Committee on Ethics.

Dr. Cox endeavored to speak, but, amid cries of "Sit down," was forced to desist

An appeal was taken from the decision of the chair, which was not sustained, the vote being 115 for and 90 against.

The secretary began to call the roll upon the question of laying the minority report upon the table about 1.30, and continued until 2 o'clock, when the secretary announced the vote—yeas 107, nays 85. The minority report was accordingly tabled.

The greatest excitement prevailed throughout the calling of the names.

A motion was made to adopt the majority report.

Dr. C. C. Cox, of Maryland, then addressed the association, protesting against its action in rejecting the minority report, and gave a brief history of the origin of the differences of opinion now existing among the several societies of the city. Dr. Cox, during his address, was frequently called to order.

The question on the adoption of the majority report was then called, but it was thought to be unnecessary, as the rejection of the minority report adopted it.

RECEPTION AT MAYOR BOWEN'S.

Last evening the Medical Association visited the Capitol, for the purpose of seeing the dome lighted, with which operation they all expressed themselves much gratified. The association, *en masse*, then called upon Mayor Bowen, filling the entire house to such an extent that anything more than a formal reception was impossible. The evening, however, passed off very pleasantly.

FOURTH DAY.

The association assembled at Lincoln Hall, Professor George Mendenhall in the chair, and Professor W. B. Atkinson, Secretary.

A resolution was offered by Dr. J. J. Woodward, United States Army, that the Surgeon General be requested to authorize Dr. Woodward to make copies of his photo-microscopic slides, to be distributed at a fair

price to such medical colleges and institutions as may desire their use. Adopted.

A debate then occurred on the duties of the Committee on Ethics in the matter of passing on the credentials of delegates representing institutions which admit women to the practice of medicine.

Professors Hartshorn, Bell, Davis, Maddux, and Cohen, participated in the debate, after which the matter was indefinitely postponed.

Dr. Palmer, of Maine, offered a resolution of inquiry as to why the Howard Medical College had been excluded from admission into this association, stating that the institution had been chartered by special act of Congress, and was recognized all over the country as a first-class college.

A discussion took place on the adoption of the resolution.

Dr. N S. Davis, of Illinois, said if the resolution was withdrawn, he, as chairman of the Committee on Ethics, would give his reasons in writing why the institution was excluded.

The resolution was withdrawn.

Dr. R. J. O'Sullivan, of New York, then offered the following:

"Whereas apothecaries are accustomed to renew medicines prescribed by physicians without due authority from the physicians, thereby doing much injury to patients, and by which many lives have been destroyed; and as apothecaries are unwilling to discontinue the practice except by a general action: therefore

"*Resolved*, That this association take such action as will bring about the discontinuance of the practice."

Referred to a special committee.

A protest against the adoption of Dr. Pinkney's report of the medical corps of the navy was submitted, and, after some debate, was laid on the table, and the whole subject referred to a committee of three, to report at the next meeting of the association.

The Committee on Ethics made reports on several cases relating to charges against individuals and colleges in the different States, and they were referred to appropriate committees.

A paper was read on the treatment of the insane; which was referred to the Committee on Publication.

Dr. Hartshorn, of Philadelphia, offered a resolution that the constitution be so amended as not to exclude women from membership of this association. Laid on the table.

Dr. Powell, of Atlanta, Ga., offered a resolution that the association do not recognize any college or institution against which charges are pending.

It was opposed by Dr. Reyburn, of the District of Columbia, and advocated by Dr. Powell, after which it was laid over, under the rules.

Dr. Lee offered a paper on insane institutions; which was referred to the Committee on Publication.

A paper on epidemic diseases was read and referred.

A vote of thanks was tendered to Mayor Bowen for entertaining the association at his residence on Wednesday night.

A motion was made that the next meeting of the association be held in San Francisco, California, in June next.

A resolution declaring Dr. Horace Wells, of Boston, to be the discoverer of anæsthesia, was adopted.

A resolution of thanks was tendered to Dr. Mendenhall for the able manner in which he has presided over the deliberations of the association.

Dr. John Sullivan, of Massachusetts, offered the following:

"*Resolved*, That no distinction of race or color shall exclude persons claiming admission to this association who are duly accredited thereto."

During its reading the speaker was met with a storm of hisses, which compelled him to stop. Cries of "Go on," "Go on," were heard, and he said he would do so when the serpents became quiet. He then finished its reading, and was allowed to speak seven minutes.

[Although Dr. Sullivan's remarks are reported in full in the Washington papers, as we do not find in them anything more than an ordinary stump speech, we do not reproduce them.]

During the delivery of the speech, great confusion reigned, and had it not been for the persistent efforts of Dr. Yandell, of Louisville, Ky., at one time surgeon-in-chief of Kirby Smith's army, Dr. S. would not have been able to have concluded his remarks. During their delivery, Dr. Yandell appealed to the sense of the convention to allow him to proceed, stating that he was a Southern representative, but that he desired fair play, and trusted that Dr. Sullivan would be heard.

Upon the conclusion of Dr. Sullivan's remarks, Dr. N. S. Davis, of Chicago, read the following

REPORT OF THE COMMITTEE ON ETHICS.

In reply to the resolution of the association calling upon the majority of the Committee on Ethics for the reason why they, in their report, exclude the delegates from the Medical Department of Howard University, they respectfully state that there is nothing in the report which directly excludes delegates from the said University or any other medical institution in the District of Columbia, except the National Medical Society.

The resolution on this subject, reported by the committee, is in these words:

"*Resolved*, That the charges lodged with the Committee of Arrangements against the eligibility of the National Medical Society of the District of Columbia have been so far sustained, that we recommend that no members of that society should be received as delegates at the present meeting of the association."

It will be seen that the only parties excluded from admission as delegates at the present meeting are the members of the National Medical Society. If the Medical Department of Howard University had chosen to send any delegates who are not members of that society, there is nothing whatever in the report to prevent them from being received.

In the papers referred to your Committee on Ethics were a list of charges with specifications in the usual form against the registration of the National Medical Society. These charges may be clearly stated as follows:

1. That said National Medical Society recognizes and receives as members medical men who are not licentiates, and who are acting in open violation of sections 3, 4 and 5 of the law of Congress constituting the charter of the Medical Society of the District of Columbia

2. That a large part of the mnmbers of the National Medical Society are also members of the National Medical Association of the District of Columbia, and are openly and freely violating the rules and ethics of the association to which they have subscribed.

3. That they have, both in its capacity as a society and by its individual members, misrepresented the action of the Medical Society and the Medical

Association of the District of Columbia, and used unfair and dishonorable means to procure the destruction of the same, by inducing Congress to abrogate their charter.

Each and all of these charges were, in the opinion of the majority of your committee, fully proved by the members of the National Medical Society themselves, who appeared voluntarily before your committee as witnesses. Therefore, if we have any regard to the maintenance of the laws of the land or the ethics of our medical organization, the undersigned could not come to any other conclusion than was expressed in the last resolution recommended by the majority of the Committee on Ethics.

Dr. Robert Reyburn rose to reply to the report, but was called to order, as not being a member. Finally the convention allowed him five minutes to speak.

Dr. Reyburn said that he had never violated the code of ethics, and had favored the admission of colored men to the college to which he belonged. No man should be excluded on account of color. His resolution had not been received by the old society, and he was now a member of the National Medical Society. If that constituted a violation of the code of ethics he plead guilty. Last year he had been chairman of the Committee on Credentials at New Orleans, and when about to make his report he was shamefully treated by the Committee of Arrangements.

Dr. Antisell denied the assertion.

Dr. Loomis, of the District of Columbia, stated that he was a member of the Faculty of Medicine of Howard University, and he could see no reason why he was excluded. He then offered a resolution to the effect that the members of the Committee on Ethics who signed the majority report be censured for so doing.

His resolution was laid on the table.

Dr. Johnson, of the District of Columbia, President of the Medical Society of the District of Columbia, then proceeded to give a detailed history of the difficulties existing in our local societies He also stated that Dr. D. W. Bliss had violated the rules of ethics by having his name printed on a bill of fare at Willard's hotel.

Dr. Bliss denied its having been placed there with his knowledge.

Drs. Johnson, Busey, and Marbury sustained the charge by statements.

After which Dr. Busey replied to certain statements of Dr. Johnson, and read the sixteenth rule of the code of ethics, showing that the code had been violated in the attempt to force the colored man upon the society. This was what had caused all the trouble. Dr. Borrows had been instrumental in bringing about the color difficulty. He denied that politics was the cause of the difficulty, as had been stated by Dr. Cox.

The vote was then taken on Dr. Sullivan's resolution, and it was tabled by a vote of 106 yeas to 60 nays.

Dr. H. R. Storer, of Boston, offered the following:

"That, inasmuch as it has been distinctly stated and proved that the consideration of race and color has nothing whatever to do with the decision of the question of the reception of the Washington delegates, and inasmuch as charges have been made in open session to-day distinctly attaching the stigma of dishonor to parties implicated, which charges have not been even denied by them, though present; therefore,

"*Resolved*, That the report of the majority of the Committee of Ethics be declared as to all intents and purposes unanimously adopted by the association."

The resolution was adopted by a vote of 112 yeas to 37 nays.

The association then adjourned *sine die*.